

Authorization and Driving History Form

Name: _____ Drivers License No: _____
 Address: _____ License Office No.: _____
 City: _____ Expiration Date: _____
 Class License: _____ Date of Birth: _____
 Issue Date: _____ Date of Hire (current job): _____

 Employed By: _____
 Section: _____ Unit: _____
 Job Title: _____
 Immediate Supervisor's Name: _____

Is it this employee's primary purpose to drive vehicles? _____
 Is a current Official Driving Record attached? _____
 Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? _____
 Date of last Driver Training Course? Month _____ Day _____ Year _____

Class of License:	Endorsements:	Restrictions:
A: Combinations Vehicle : ()	T: Double Trailer : ()	L: Airbrakes : ()
B: Heavy Straight Vehicle: ()	P: Passenger Vehicle : ()	Others : ()
C: Light Vehicle : ()	N: Tank Vehicle : ()	
D: Commercial Vehicle : ()	H: Hazardous Material : ()	
E: Personal Vehicle : ()	X: Combination N+H : ()	

USE OF PRIVATE VEHICLE FOR STATE BUSINESS

This is to certify that as a condition of driving my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by LA. R.S. 32:900 (B) (2). I also understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Employee Signature _____
Date

AGENCY HEAD OR DESIGNEE STATEMENT

I have reviewed this individual's genuine need to drive a State Vehicle. In conducting this review, I have considered his/her driving experience, type of vehicle to be operated, and one year driving record. The attached operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the vehicles approved by the type of license above. This authorization must be reviewed one year from this date.

Agency Head _____
Date of Authorization
 (or designated individual)

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