

AUTHORIZATION AND DRIVING HISTORY FORM

DA2054

Revised February 2004

NOTE: For help or questions regarding this form call Joey Pons at 482-5357 or safetyman@louisiana.edu.

SECTION 1:

Name: _____ Driver License No. _____ State of Origin _____
Address: _____ License Office No. _____
City: _____ Expiration Date: _____
License Issue Date: ___/___/___ Date of Birth: ___/___/___

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

SECTION 2:

Department: _____
Phone No. ____-____-____
Job Title: _____
Immediate Supervisors Name: _____
Phone No. ____-____-____
Is it this employee's primary purpose to drive vehicles? _____
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: ___/___/___

SECTION 3:

USE OF MOTOR VEHICLE FOR STATE BUSINESS

I understand that the information given on this form is true to the best of my knowledge. This information will be used to acquire a motor vehicle driver history record. 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). Reimbursement for the use of my personal vehicle on state business requires prior written authorization from my supervisor.

Signature

Date

SECTION 4:

AGENCY HEAD OR DESIGNEE STATEMENT

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

EH & S Director Signature

Date