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): _____

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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_____

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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** : ( )	

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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***

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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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