

# WATER VESSEL AUTHORIZATION/ OPERATOR HISTORY FORM VOHR-12-00

NOTE: For help or questions regarding this form call Joey Pons at 482-5357 or [jvp6188@louisiana.edu](mailto:jvp6188@louisiana.edu).

**SECTION 1:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_

Drivers License No. \_\_\_\_\_  
Vessel Operator Lic. # (optional): \_\_\_\_\_  
Issue Date: (optional): \_\_\_\_\_

- Type of vessel you are requesting to operate:  
Type 1 ( ) - No Motor, Pirogue, Skiff, Bateau  
Type 2 ( ) - Motorboat up to 40 feet  
Type 3 ( ) - Airboat  
Type 4 ( ) - Tug or Push Boat  
Type 5 ( ) - Ferry  
Type 6 ( ) - Other, Marsh Buggy

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**SECTION 2:**

Department: \_\_\_\_\_  
Phone No. \_\_\_\_-\_\_\_\_-\_\_\_\_  
Job Title: \_\_\_\_\_  
Immediate Supervisors Name: \_\_\_\_\_  
Phone No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Will this driver be authorized to operate his or her privately owned vessel in the course and scope of employment? \_\_\_\_\_  
Date of last Vessel Training Course (if known): \_\_\_/\_\_\_/\_\_\_

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**SECTION 3:**

USE OF WATER VESSEL FOR STATE BUSINESS

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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AGENCY HEAD OR DESIGNEE STATEMENT

I have reviewed this individual's genuine need to operate a water vessel on state business. In conduction this review, I have considered his/her experience, type equipment to be operated, and water vessel operator record. This operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the water vessels as described above. This authorization must be reviewed one year from this date.

\_\_\_\_\_  
EH & S Director Signature

\_\_\_\_\_  
Date