

Authorization and Driving History Form

Name: _____
Address: _____
City: _____
Date of Birth: _____
Date of Hire (current job): _____
W# _____

Drivers License No: _____
State: _____
Expiration Date: _____
Issue Date: _____
Class License: _____

Employed By: Southeastern Louisiana University Department: _____
Job Title: _____ Office Phone: (____) ____ - ____
Immediate Supervisor's Name: _____

Class of License:

Endorsements:

Restrictions:

A: Combination Vehicle : () **T:** Double Trailer : ()
B: Heavy Straight Vehicle: () **P:** Passenger Vehicle : ()
C: Light Vehicle : () **N:** Tank Vehicle : ()
D: Commercial Vehicle : () **H:** Hazardous Material : ()
E: Personal Vehicle : () **X:** Combination **N+H** : ()

L: Airbrakes : ()
Others : ()

_____ (Initial) I have read and understand the Safe Driver Program Policy.

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

THIS SECTION FOR SAFETY OFFICE USE ONLY:

Is it this employee's primary purpose to drive vehicles? Y / N

Is a current Official Driving Record attached? Y / N

Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? Y / N

Date of last Driver Training Course? Month_____ Day_____ Year_____

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

(or designated individual)

Date of Authorization