

STATE OF LOUISIANA
DRIVER AUTHORIZATION FORM

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING
RESTRICTION CHANGE

Agency: _____
Employee Name: _____ Employee Number: _____
Immediate Supervisor: _____ Driver Training Course (MM/DD/YY): _____
Drivers License Number: _____ State of Issuance: _____

AGENCY HEAD OR DESIGNEE AUTHORIZATION

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):

_____ **STATE VEHICLE**
_____ **RENTAL VEHICLE**
_____ **PERSONAL VEHICLE**

AGENCY HEAD
(or designated individual)

DATE OF AUTHORIZATION

EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION

This is to certify that, as a condition of and if authorized to drive 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 understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

EMPLOYEE SIGNATURE

DATE