

**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.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana. I further affirmatively acknowledge and understand that personal use of a state-owned, state-rented or state-leased vehicle is not permitted.

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

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

# ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DEPARTMENT/AGENCY: \_\_\_\_\_

## AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

### Official Driving Record Drivers Training Course

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

\_\_\_\_\_  
**Date of Authorization**

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)

# ULM DRIVING AUTHORIZATION FORM

## TO BE COMPLETED BY SUPERVISOR:

In accordance with the ULM Driver Safety Program and the University Vehicle Policy, I request authorization to operate a State / University vehicle on official University business for:

\_\_\_\_\_  
Printed Name of Employee Requesting Driving Privileges

\_\_\_\_\_  
Budget Unit Head / Dept.  
Head Printed Name

\_\_\_\_\_  
Budget Unit Head / Dept.  
Head Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
DATE

## TO BE COMPLETED BY EMPLOYEE:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License State  
of Issuance

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Campus Wide ID#

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Fax Phone Number