Authorization and Driving History Form

The following information will be retained on file by all agencies on their drivers authorized to operate a State vehicle, or a private vehicle for state purposes:

Name _____ Drivers License No. _____
Date of Birth _____ Issuing State _____ Class License _____
Phone Number: (_____) - _____ Issue Date _____
LSU Employee ID No._____ Expiration Date _____

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Department employed by _____ Department Code (first 5 digits)_____
Dept Address _____
Job Title _____ Position: Staff_____ Faculty_____ Student_____
Is employee's primary purpose to drive vehicles? Yes_____ No_____ (A YES answer requires a license class other than Class E.)
Is driver authorized to operate his/her private vehicle in the course and scope of employment? Yes_____ No_____
Date of last Driver Training Course? _____/_____/_____ (mm/dd/yy)

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State vehicle(s) authorized to operate:

	Any LSU State Vehicle	VEH #1	VEH #2	VEH #3
Type of Vehicle	_____	_____	_____	_____
Date Trained	_____	_____	_____	_____
Source of Training	_____	_____	_____	_____

_____	_____	_____	_____
Supervisor's Printed Name	***Supervisor's Signature***	***Phone Number***	***Date***

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I understand that I must report any accident while performing state business to my supervisor as soon as possible, and complete a "Driver's Accident Report Form" (DA 2041) within 48 hours. I also understand that I am responsible for reporting any citations I receive, and to pay any traffic fines levied as a result of the citations.
I certify that if I am 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 also understand that the use of my vehicle on state business requires: 1) prior written authorization from my supervisor or agency head, 2) a current liability policy meeting the requirements of LA R.S. 32:900(B)(2); and 3) my paying of all expenses I have as a result of using my vehicle, subject to receiving at a later date the reimbursement pursuant to the State's travel policy. I understand that any false statement on this form or failure to notify my supervisors of any change in my insurance status could result in disciplinary action.

_____	_____
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, and/or to drive his/her personal vehicle on state business. In conducting this review, I have considered his/her driving experience, and type of vehicle to be operated. I authorize this individual to operate the vehicles approved by the type of license above. The individual is aware of the requirement to report any accident while performing state business to his/her supervisor as soon as possible and to complete a "Driver's Accident Report Form" (DA 2041) within 48 hours of the accident. This authorization must be reviewed one year from this date.

_____	_____	_____
Agency Head *(or Designated Authority)*	***Agency Head Signature***	***Date of Authorization***

Return this form to: Office of Property Management, River Road Annex Building, 3555 River Road

The attached operator's record has been verified as accurate and dated as necessary. _____
Property Management

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