## 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 Number: Driver Training Course (MM/DD/YY): State of Issuance:	
AGENCY H	EAD OR DESIGNEE AUTHORIZATION	
By executing this document, I have reviewed the confirmed the information to be current and in a	ne Official Driving Record and Driver Training Course dates and have accordance with the ORM Loss Prevention requirements.	
My signature authorizes the aforementioned en apply):	mployee to drive the following on state business as required (check all that	
STATE VEHICLE RENTAL VEHICLE PERSONAL VEHICLE		
AGENCY HEAD (or designated individual)	DATE OF AUTHORIZATION	
EMPLOYEE A	ACKNOWLEDGEMENT/AUTHORIZATION	
This is to certify that, as a condition of <u>and</u> if maintain at least the minimum liability coverage	authorized to drive my personal vehicle on state business, I have and will as required by LA. R.S. 32:900 (B) (2).	
I understand that the use of my vehicle on agency head.	state business requires prior written authorization from my supervisor or	
Further, by signing this document, I agree to no Drivers License No., State of Issuance, Class of	otify my agency in writing should any of the following change on my license: of License or Driving Restrictions.	
I authorize my agency to obtain access to my of Prevention Program.	Official Driving Record (ODR) as necessary to comply with the State's Loss	
intoxicated as set forth in R.S. 14:98 and 14 terms and conditions of my use of said vehic my being convicted of, pleading nolo content 14:98.1, I acknowledge and understand th conditions of my use of said vehicle, (2) m course and scope of my employment with that personal use of a state-owned. state-rem		
My signature on this document shall remain in	effect until revoked by the agency or until a new form is executed.	

DATE

07/01/2012 **DA 2054** 

**EMPLOYEE SIGNATURE** 

## **ANNUAL SUPPLEMENTAL SIGNATURE PAGE**

EMPLOYEE NAME:	
DRIVERS LICENSE NUMB	BER:
DEPARTMENT/AGENCY:_	
AGENCY HEAD OR	DESIGNEE STATEMENT
By executing this document, I have reviewed the current and in accordance with the ORM Loss Pr	following and have confirmed the information to be revention requirements:
	riving Record raining Course
Further, my signature allows the aforementioned personal vehicle on state business.	employee to drive a state vehicle, rental vehicle or
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

Date of Authorization

Date of Authorization

## (DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)

07/01/2011 **DA 2054 Supp.-1** 

Agency Head (or designated individual)

Agency Head (or designated individual)