

**University of New Orleans**  
**Vessel Authorization and Operator History Form**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Employed By \_\_\_\_\_  
 UNO ID # \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 UNO Phone # \_\_\_\_\_

State/Drivers Lic. No. \_\_\_\_\_  
 License office No. \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Class of License:  
 ( ) E: Individual License  
 ( ) Other \_\_\_\_\_  
 Restrictions ( ) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Anticipated Frequency of Vessel Use:  
 ( ) Daily, ( ) Weekly, ( ) Monthly, ( ) Infrequently

I certify that the above information is correct. I agree to notify the UNO Safety Officer, immediately, should my drivers status change, including but not limited to: license classification, traffic offenses, accidents, DWI. I also understand that with my signature I authorize the University of New Orleans to conduct a background check on my Water Vessel Operating Record.

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 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Departmental Verification** (please circle Yes or No)

Is this employee's primary purpose to drive a vessel? Yes or No  
 I have visually inspected the drivers licence listed above and it is current and consistent with the information above. Yes or No  
 This department requires this person to haul Hazardous Cargo. Yes or No Date of training to haul/handle Haz. Cargo. \_\_\_\_\_  
 This department authorizes this driver to operate a UNO vessel. Yes or No.  
 This department authorizes this driver to operate his/ her privately owned vessel in the course and scope of employment. Yes or No

<b>Type of Vessel:</b>	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 4</b>	<b>Type 5</b>	<b>Type 6</b>
No motor	Motorboat-Class	Air boat	Tug	Ferry	Other	
	Pirogue, Skiff	A - 1 - 2 - 3		Push		Marsh Buggy
	<u>Raft, Bateau</u>	_____	_____	_____	_____	_____

State Vessels Authorized to Operate: \_\_\_\_\_  
 Date Trained: \_\_\_\_\_ Source Of Training: \_\_\_\_\_

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 Supervisor Signature \_\_\_\_\_ Date of Authorization \_\_\_\_\_

\*\*\*\*\* BELOW THIS LINE FOR UNIVERSITY USE ONLY \*\*\*\*\*

**AGENCY HEAD OR DESIGNEE STATEMENT**

I have reviewed this individual's genuine need to operate a State vessel by considering his/her operating experience, type of equipment to be operated and type of training. I authorize this individual to operate the above vessels approved by the department above. This authorization will be reviewed at least annually by the University of New Orleans.

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 Agency Head or Designee \_\_\_\_\_ Date \_\_\_\_\_

**Approved to Operate:** State Owned Vessel \_\_\_\_\_ Personally Owned Vessel \_\_\_\_\_