

**STATE OF LOUISIANA**  
**DRIVER AUTHORIZATION FORM**

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

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

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**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**

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**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

# 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*

\_\_\_\_\_  
*Agency Head*

## 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