## **Authorization and Driving History Form**

State venicie, or a private venic	le for state purposes:				
Name		Drivers Licen	Drivers License No.		
Date of Birth Phone Number: ()		Issuing State	Issuing State Class License		
		Issue Date			
LSU Employee ID No	Expiration Da	Expiration Date			
*****	*********	*****	******	*****	
Department employed by		Department C	Department Code (first 5 digits)		
Dept Address					
Job Title		Position: Staf	f Faculty	Student	
Is employee's primary purpose to	o drive vehicles? Yes	_No(A YES	answer requires a	license class other	
than Class E.)					
Is driver authorized to operate his	s/her private vehicle in the	course and scope of	employment? Ye	es No	
Date of last Driver Training Cour	、		******	*****	
State vehicle(s) authorized to o	perate:				
	Any LSU State Vehicle	VEH #1	VEH #2	VEH #3	
Type of Vehicle	-				
Date Trained					
Source of Training					
Supervisor's Printed Name	Supervisor's S	ignature Ph	one Number	Date	

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:

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: <u>1</u>) prior written authorization from my supervisor or agency head, <u>2</u>) a current liability policy meeting the requirements of LA R.S. 32:900(B)(2); and <u>3</u>) 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

## \*\*\*\*\*\*\*\*\*\*\*\*

## 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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