

Driver Authorization and Driving History Form  
Louisiana Tech University

Name: \_\_\_\_\_

Department: \_\_\_\_\_

The State of Louisiana Office of Risk Management has dictated that the "DA 2054" form cannot be modified in any manner, this necessitates that approvals and procedures unique to Louisiana Tech University be contained on a separate document.

The driver must sign both this form and the attached DA 2054.

\_\_\_\_\_

I understand that use of my personal vehicle on University business requires prior written authorization evidenced on a Louisiana Tech Travel Authorization Form.

I understand that my driving history will be periodically reviewed and I must re-take the driver safety course every three years unless I receive a ticket or have any other traffic related conviction. In this case, I must repeat the driver safety course. If I have an accident while driving on University business, I must repeat the driver safety course.

I have read and will follow Vehicle Utilization policies as contained in University Policies and Procedures.

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

\_\_\_\_\_  
Date

\_\_\_\_\_

**DEPARTMENT ENDORSEMENT**

I have reviewed this employee's need to drive a vehicle in the conduct of university business and recommend that such authority be granted.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

### Authorization and Driving History Form

Name: \_\_\_\_\_ Drivers License No: \_\_\_\_\_  
 Address: \_\_\_\_\_ License Office No.: \_\_\_\_\_  
 City: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Date of Hire (current job): \_\_\_\_\_

\*\*\*\*\*  
 Employed By: \_\_\_\_\_  
 Section: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Immediate Supervisor's Name: \_\_\_\_\_

Is it this employee's primary purpose to drive vehicles? \_\_\_\_\_  
 Is a current Official Driving Record attached? \_\_\_\_\_  
 Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? \_\_\_\_\_  
 Date of last Driver Training Course? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\*\*\*\*\*

Class of License:	Endorsements:	Restrictions:
<b>A:</b> Combinations Vehicle : ( )	<b>T:</b> Double Trailer : ( )	<b>L:</b> Airbrakes : ( )
<b>B:</b> Heavy Straight Vehicle: ( )	<b>P:</b> Passenger Vehicle : ( )	<b>Others</b> : ( )
<b>C:</b> Light Vehicle : ( )	<b>N:</b> Tank Vehicle : ( )	
<b>D:</b> Commercial Vehicle : ( )	<b>H:</b> Hazardous Material : ( )	
<b>E:</b> Personal Vehicle : ( )	<b>X:</b> Combination <b>N+H</b> : ( )	

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#### USE OF PRIVATE VEHICLE FOR STATE BUSINESS

This is to certify that as a condition of driving 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 prior written authorization from my supervisor or agency head.

\_\_\_\_\_  
**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. In conducting this review, I have considered his/her driving experience, type of vehicle to be operated, and one year driving record. The attached operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the vehicles approved by the type of license above. This authorization must be reviewed one year from this date.

\_\_\_\_\_  
**Agency Head** \_\_\_\_\_  
**Date of Authorization**  
 (or designated individual)

07/12/2007  
 DA 2054