

STATE OF LOUISIANA
CONTRACTOR DRIVER AUTHORIZATION FORM

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

Agency: _____

Drivers License Number: _____

Driver Name: _____

State of Issuance: _____

Driver Training Course (MM/DD/YY): _____

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 contractor to drive the following on state business as required (check all that apply):

_____ **STATE OWNED VEHICLE**
_____ **STATE-RENTED VEHICLE**
_____ **STATE-LEASED VEHICLE**

Department Head
(or designated individual)

DATE OF AUTHORIZATION

CONTRACTOR ACKNOWLEDGEMENT/AUTHORIZATION

I understand that the use of a state-owned/rented/leased vehicle on state business requires prior written authorization from the Department Head or his/her designee.

Further, by signing this document, I agree to notify the Department Head in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License, or Driving Restrictions.

I authorize the above agency to obtain my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

Contractor Signature

DATE