

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

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

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

**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**

**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 writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

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

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

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**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**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Agency Head**  
*(or designated individual)*

\_\_\_\_\_  
**Date of Authorization**

**(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)**