OFFICE OF RISK MANAGMENT

WATER VESSEL SAFETY PROGRAM
WATER VESSEL OPERATOR RECORD REQUEST
12 Month Operator Record
PLEASE FAX TO CAPTAIN RACHEL ZECHENELLY @ 225-765-0593 or email to rzechenelly@wlf.la.gov PLEASE ALLOW 30 BUSINESS DAYS

Requesting Agency_____ **Requesting Supervisor**_____
PLEASE PRINT PLEASE PRINT
Signature of Requesting Supervisor: _____ **Request Date**_____

Office and Fax # _____ **Number of Pages:** _____

Employee Name (Print)	Employee Date of Birth	Employee Driver's Number and State	Employee Social Security Number	No Record Found	Record Found

_____ **No records were found for the above listed employees for the preceding 12 months of request date.**

_____ **Records were found and are attached.**

_____ _____
LDWF Communication Officer Signature Date **LDWF Enforcement Officer Date**