

**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: \_\_\_\_\_

**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 the agency's instructions.

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

\_\_\_\_\_  
**CONTRACTOR SIGNATURE**

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

# ANNUAL SUPPLEMENTAL SIGNATURE PAGE

CONTRACTOR 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 requirement:

### Official Driving Record

Further, my signature allows the aforementioned contractor to drive a state-owned, rented, or leased 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)

\_\_\_\_\_  
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(or designated individual)

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**Agency Head**  
(or designated individual)

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**Agency Head**  
(or designated individual)

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

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

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

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)