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                                                                       DATE OF AUTHORIZATION
(or designated individual)

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

07/01/2012
DA 2055
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                                                                  Date of Authorization
(or designated individual)

________________________________                      _________________________
Agency Head                                                                  Date of Authorization
(or designated individual)

________________________________                      _________________________
Agency Head                                                                  Date of Authorization
(or designated individual)

________________________________                      _________________________
Agency Head                                                                  Date of Authorization
(or designated individual)

________________________________                      _________________________
Agency Head                                                                  Date of Authorization
(or designated individual)

________________________________                      _________________________
Agency Head                                                                  Date of Authorization
(or designated individual)

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)