**LA STATE EMPLOYEE DRIVER SAFETY PROGRAM AUTHORIZATION**

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 **Name of Employee Office**

**I have authorized you to operate the type vehicles listed below on State business. In making this authorization I have reviewed your driving record and your training/qualifications. This authorization carries with it a great responsibility. You are required to operate this vehicle (these vehicles) in a safe and responsible manner at all times, to immediately notify you supervisor if you receive a traffic citation or are involved in any vehicle accident, and to complete any necessary reports for those accidents. This authorization expires one year from this date or unless otherwise notified. Further, you will not operate any State vehicles for which you are not specifically authorized.**

**Type Vehicles Authorized to Operate:**

 **Agency Head granting authorization Date of Authorization**

**(or specifically designated individual)**

**The term vehicle shall mean any vehicle owned, leased or rented by the State or any privately owned vehicle used within the course and scope of employment.**

**An Accident is defined as any incident in which the vehicle being operated, comes in contact with another vehicle, person, object, or animal, which results in death, personal injury, or property damage, regardless of who was injured, what property damaged or to what extent, where it occurred, or who was responsible.**

**As the operator of a State vehicle you are required to use seat belts at all times when the vehicle is in motion. Further, you will insure that all of those in the vehicle with you wear their seat belts in accordance with State Law.**

**Driving is a privilege not a right; but all drivers have a right to expect that other drivers will be operating safe equipment and that they will do it safely.**

**DA 2055**

**Revised 2-87**

 **EMPLOYEE SIGNATURE DATE**