

VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information will be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name: _____ Employed by: _____

Address: _____ (Department, Board, Commission)

_____ Zip _____ Assigned to: _____

Date of Birth: _____ (Agency, District, Office)

Operator's Phone Number: _____

Operator License No.: _____ Job Title: _____

Expiration Date: _____ Immediate Supervisor's Name: _____

Issue Date: _____ Is the Primary purpose to operate vessels? Yes ___ No ___

Is a Current Operator Record attached: ___ Has it been verified as accurate? ___

Will this Operator be authorized to operate his or her privately owned vessel in the course and scope of employment? Yes ___ No ___

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
Types of Vessel	No motor, Pirogue skiff Raff bateau	Motorboat Class A-1-2-3	Airboat Push	Tug	Ferry Marsh Buggy	Other
State Vessels Authorized to Operate:						

Date Trained: _____ Source of Training: _____

Number of days per week required to operate a vessel: _____

Required to handle hazardous cargo: Yes ___ No ___

Trained to haul/Handle: Yes ___ No ___

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

_____/_____
 Agency Head (Print name/ Signature) Date of Authorization
 (or specifically designated individual)