

**Driver Authorization and Driving History Form  
Louisiana Tech University**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty/Staff: \_\_\_\_\_ Student: \_\_\_\_\_

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The State of Louisiana Office of Risk Management has dictated that the “DA 2054” form cannot be modified in any manner, this necessitates that approvals and procedures unique to Louisiana Tech University be contained on a separate document.

The driver must sign both this form and the attached DA 2054.

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I understand that use of my personal vehicle on University business requires prior written authorization evidenced on a Louisiana Tech Travel Authorization Form.

I understand that my driving history will be periodically reviewed and I must re-take the driver safety course every three years unless I receive a ticket or have any other traffic related conviction. In this case, I must repeat the driver safety course. If I have an accident while driving on University business, I must repeat the driver safety course.

I have read and will follow Vehicle Utilization policies as contained in University Policies and Procedures.

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Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DEPARTMENT ENDORSEMENT**

I have reviewed this employee’s need to drive a vehicle in the conduct of university business and recommend that such authority be granted.

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Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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