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:			Employ	Employed by:											
			Assigned to:												
		_	_				rict, Office)								
			Job Title:Immediate Supervisor's Name:												
									.						erate vessels?
								Is a Current (Operator Reco	ord attached:		Ha	as it been v	erified as	s accurate?
							the course and								
	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		Other								
State Vessels Authorized to Operate:	Train balled														
Date Trained	:			Source of	Training:										
Required to he Trained to ha	ays per week in andle hazard iul/Handle:	ous cargo: Yo Yes	es No No		*****	*****	******								
* I have review I have consid year operatin as necessary	red this indivion dered his/her ng record. Th	dual's genuin operating ex e attached O this individu	e need to ope perience, clas perator Reco al to operate	rate a Sta ss/type eq d has bee the vesse	te vessel. I juipment to en verified a els listed a	In condu be oper as accur bove in a	cting this review rated, and a one ate and updated accordance with								
	cy Head Signa ly designated		Date of Authorization												

DA 2066 (6/06/01)