

**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: \_\_\_\_\_

SSN: \_\_\_\_\_ (Agency, District, Office)

Operator License No.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Immediate Supervisor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Operator's Phone Number: \_\_\_\_\_

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 \_\_\_

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	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
<b>TYPES OF VESSEL:</b>	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 \_\_\_

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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 Signature  
(or specifically designated individual)

\_\_\_\_\_  
Date of Authorization