

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 ___

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSELE:			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 Signature

Date of Authorization

6/06/01)TJETEMC /P A/CID 66 BDC BT/TT1 12Tf0 Tc 0 Tw 10.01.20 10.02 2031181 8