

Water Vessel Operator Authorization

As per the LUMCON Safety Manual, all operators of LUMCON vessels must obtain a LUMCON Vessel Operator Authorization form from the Marine Superintendent or designee and follow these procedures:

1. Acquire supervisor's approval to request authorization to operate a LUMCON vessel.
2. Submit completed Authorization/History form to the Marine Superintendent or designee, room 215 (this form is used to acquire the Water Vessel Operator's (WVO) record from the Louisiana Department of Wildlife and Fisheries).
3. Present a copy of the certification of having successfully completed the Louisiana Boater Safety Course www.boat-ed.com/la/index.htm and the signed Acknowledgment of Responsibility form to the Marine Superintendent or designee.

The Marine Superintendent will review the WVO record, and the Louisiana Boater Safety Course Certification and issue approval to operate LUMCON vessels if appropriate.

The Marine Operations Department will supply additional training to any operator not familiar with the operation of the LUMCON vessel requested.

Notes:

1. A "High Risk" operator is anyone who has been involved in any boating incident which resulted in damage/loss of a vessel or injury to a person.
2. Any operator to be considered "High Risk" will have their vessel authorization revoked and must partake in re-training of the ORM approved "Boat Louisiana" training course, and have applicable skills re-evaluated by the Marine Superintendent or designee prior to being authorized/re-authorized to operate a LUMCON small vessel.

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)

State Driver's 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
TYPES OF VESSELE:	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

DA 2066 (6/06/01)