

## OFFICE OF RISK MANAGMENT

## WATER VESSEL SAFETY PROGRAM WATER VESSEL OPERATOR RECORD REQUEST 12 Month Operator Record PLEASE Email to <u>enfcomm@wlf.la.gov</u>

PLEASE ALLOW 30 BUSINESS DAYS

	Requesting Agency	NT	Requesting Supervisor			
	Signature of Requesting Supervisor:		Request Date			
	Employee Name (Print)	Employee Date of Birth	Employee Driver's Number and State	Employee Social Security Number	No Record Found	Record Found

\_\_\_\_\_ No records were found for the above listed employees for the preceding 12 months of request date.

\_\_\_\_\_ Records were found and are attached.