



# ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

## AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

### Official Driving Record Drivers Training Course

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

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

\_\_\_\_\_  
**Agency Head**  
(or designated individual)

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(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)