



**OFFICE OF RISK MANAGMENT**

**WATER VESSEL SAFETY PROGRAM  
WATER VESSEL OPERATOR RECORD REQUEST**

**12 Month Operator Record**

**PLEASE FAX TO LT. CLAY MARQUES @ 225-763-3548 or email to [cmarques@wlf.la.gov](mailto:cmarques@wlf.la.gov)**

**PLEASE ALLOW 30 BUSINESS DAYS**

Requesting Agency \_\_\_\_\_ Requesting Supervisor \_\_\_\_\_  
PLEASE PRINT PLEASE PRINT

Signature of Requesting Supervisor: \_\_\_\_\_ Request Date \_\_\_\_\_

**Office and Fax #**

**Number of Pages:**

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.

\_\_\_\_\_  
LDWF Communication Officer Signature    Date

\_\_\_\_\_  
LDWF Enforcement Officer      Date