

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME: _____

OPERATOR LICENSE NUMBER: _____

DEPARTMENT/AGENCY: _____

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 Operator Record Water Vessel Operator Training Course

Further, my signature allows the aforementioned employee to operate a state vessel 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)

07/01/2015

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