

# Cart/Utility Vehicle Safety Class Acknowledgement Form

**Department:** \_\_\_\_\_

(This form shall be completed by all employees prior to assignment to and operation of carts or utility vehicles.)

Employee Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Ext: \_\_\_\_\_

By signing below, I acknowledge that:

- I have read the University Cart/Utility Vehicle Safety Policy
- I understand the terms and conditions of the University Cart/Utility Vehicle Safety Policy
- I have been provided with the opportunity to ask questions pertaining to this policy
- I have attended the cart/utility vehicle safety training class presented by the Campus Safety and Emergency Operations Office

Date Attended: \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)  
Driver's License Number and Issuing State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Employee Signature