**Golf Cart/Utility Vehicle Safety Guidelines Acknowledgement Form**

Employee Name (print):

ID Number:

Department: Phone:

DL#: State:

Expiration Date:

By signing below I acknowledge that:

* I have read and understand the Golf Cart/Utility Vehicle Safety Policy.
* I understand the hazards associated with driving a Golf Cart/Utility Vehicle and agree to abide by the safety guidelines.
* I have been provided with the opportunity to ask questions related to these guidelines.

Employee Signature Date

Supervisor Signature Date

* **One copy to be kept in supervisors file at employees Department.**
* **The completed form is to be sent to the Campus Public Safety / Risk Management Department.**