

GOLF CART/UTILITY VEHICLE ACKNOWLEDGEMENT FORM

Employee Name (print): _____ CWID Number: _____

Department: _____ Phone Number: (_____) _____

Driver's License Number: _____ State _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

- I have read and understand the Golf Cart/Utility Vehicle Safety Policy.
- I have watched the video training and successfully passed the quiz.
- I understand the hazards associated with driving a Golf Cart/Utility Vehicle and agree to abide by the safety guidelines.
- I have been provided the opportunity to ask questions related to these guidelines, and I understand the responses.

Employee Signature: _____ Date _____

Supervisor Signature : _____ Date _____