



## Operation of Golf Cart and Other Off Highway Vehicles Policy (UPPS 04.05.13) Acknowledgement Form

(This form must be completed by all employees prior to operating a golf cart and/or other off highway vehicles.)

Employee Name (print): \_\_\_\_\_

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

Department: \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing below I acknowledge that:

- I have read the Texas State University UPPS 04.05.13 Operation of Golf Cart and Other Off Highway Vehicles Policy.
- I understand the Policy and Procedures.
- I possess a valid driver's license.  
State: \_\_\_\_\_ Number: \_\_\_\_\_
- I have completed golf cart/service vehicle safety training. Date completed: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Department maintains original copy in employee file and a copy needs to be emailed to [ehsrem@txstate.edu](mailto:ehsrem@txstate.edu)