



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