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

Employee Name (print):

Department: Phone:

DL#: State:

Expiration Date:

By signing below I acknowledge that: (please check all that apply)

I have read and understand the [Golf Cart/Utility Vehicle Safety Guidelines](http://oregonstate.edu/dept/budgets/SAFManual/SAF211.htm)

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

**Send completed form to: Environmental Safety and Health Office**

**The completed form is to be kept on file in the Office of Environmental Health & Safety.**