



UNIVERSITY OF
SOUTH ALABAMA

Low-Speed Vehicle
Golf Cart, Utility and All-Terrain Vehicle Policy
Policy Acknowledgment Form

Operator Name (print): _____

*Department/Contractor _____

Building/Address _____

Phone# _____ Supervisor(print) _____

I acknowledge that:

I have read the University Policy for Golf Cart, Utility and All-Terrain
Vehicles. (Low-Speed Vehicles)

I understand the Policy and associated requirement

I possess a valid driver's license for automobiles.

I have completed training on: _____

Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

*Department and or Contractor maintains this record for three years. Please
send a copy to the Safety and Environmental Office, or fax # 460-7278.