

Full name _____ ID number _____

Associated department _____

Status: Employee Student Student employeeIs driving the golf cart a part of your job responsibilities? Yes NoHow often will you be driving the golf cart? Daily Weekly As neededDo you have a valid* Florida driver's license? Yes No**ACKNOWLEDGMENTS**I acknowledge that I have taken or will take the compliance training for golf/utility carts. _____(initial here)I acknowledge that I have reviewed and will abide by the updated golf/utility cart routes. _____(initial here)I acknowledge that I have read, reviewed and will abide by the University Driving Policy. _____(initial here)

For additional information regarding golf carts, the university driving policy, and associated compliance training, please visit our website at floridatech.edu/crm or email any questions and concerns to compliance@fit.edu.

Employee/Student name _____ Date _____

Employee/Student signature _____

*Valid driver's license means no major citation in the last six months nor a recorded suspension.