

**State Owned Utility Cart Procedure
and Practices Review**

This is to certify that I have received and reviewed the University of Northern Colorado Utility Cart Procedure

My signature below certifies that I hold a valid and current drivers license number _____, from
(Drivers License Number)

State of Issue

Type

Expiration Date

I understand that **should** the status of my driver's license change in any manner, I am responsible for immediately notifying my supervisor.

I further understand that I am required to adhere to all Federal, State, and local statutes including reviewing University of Northern Colorado Utility Cart Procedure.

Employee Name (please print)

Employee Signature

Date

Supervisor or Trainer Signature

Date