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: _____

Operator has demonstrated appropriate use of cart and was aware of all safety features and inspections, how to fuel, etc.

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

Revised by SEC 2025