LOUISIANA TECH UNIVERSITY

NON-LICENSED VEHICLE OPERATOR TRAINING

ACKNOWLEDGEMENT FORM

(This training and this form must be completed prior to any employee operating a non-licensed vehicle. Operators must be re-trained every 3 years).

Department_______________________________________________________

Employee Name____________________________________________________

Employee CWID Number_____________________________________________

Name of Supervisor________________________________________________

By signing below, the employee acknowledges that they:

1. Have read the University Non-registered Motor Vehicle Operator Manual and shall adhere to all rules for operating these vehicles that are contained therein;
2. Attended a Non-licensed Vehicle Safety Training session and has demonstrated to the trainer that they are competent in the operation of these types of vehicles on__________________
   (Date of Training)
3. Have been given the opportunity to ask their supervisor and trainer any questions related to the operation of these vehicles;
4. Have been certified to drive through the Louisiana Tech University Driver Safety Program.

Employee Name____________________________________ Date___________

(Please Print)

Employee Signature_____________________________________________

I acknowledge that this employee is competent to operate a non-licensed vehicle on the Louisiana Tech University campus:

Name of Trainer________________________ Date of Training___________

(Please Print)

Signature of Trainer_____________________________________________