

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 \_\_\_\_\_