

## Appendix A

### Alternative Vehicle Safety Assurance

I have read and understand the Alternative Vehicle Safety Policy, completed the necessary training, and will abide by the requirements.

Further, I will not engage in horseplay and will operate the alternative vehicle in a safe manner.

I understand that failure to abide by these conditions may result in disciplinary action, up to and including termination.

Date Training was completed: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Department/Organization

*This form will be kept in the department's files for a period of at least three years.*