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.