

**State Owned Utility Cart Procedure  
and Practices Review**

This is to certify that I have received and reviewed the University of Northern Colorado Utility Cart Procedure

My signature below certifies that I hold a valid and current drivers license number \_\_\_\_\_, from  
(Drivers License Number)

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Type

\_\_\_\_\_  
Expiration Date

I understand that **should** the status of my driver's license change in any manner, I am responsible for immediately notifying my supervisor.

I further understand that I am required to adhere to all Federal, State, and local statutes including reviewing University of Northern Colorado Utility Cart Procedure.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Trainer Signature

\_\_\_\_\_  
Date