

Attachment A
State Owned Vehicle/Cart Policy
and Practice Review



I received and reviewed AHEC Policy #7 "Use of Golf Carts & Practices" and Policy #15 "State Owned Vehicles."

In addition, my signature below certifies that I hold a valid and current driver's license

_____ , _____ , _____
(State) (Number) (Type)

_____. I understand that should the status of my driver's license
(Expiration Date)

change in any manner, I am responsible for immediately notifying my supervisor.

I give permission to the Auraria Campus Police Department to verify correctness of my statement through the Colorado State Motor Vehicle Division.

I further understand that I am required to adhere to all Federal, State, and Local Statutes, including the Auraria Higher Education Center's Policy #7 "Use of Golf Carts & Practices," Policy #15 "State Owned Vehicles," and the Parking Rules and Regulations.

Name *(please print)*

Date

Employee Signature

Supervisor Verification Signature

Date