

SOUTHEASTERN LOUISIANA UNIVERSITY
NON-LICENSED VEHICLE SAFETY INFORMATION
EMPLOYEE ACKNOWLEDGEMENT FORM
Non-Licensed Vehicle Training Course # 600401

Employee Name: _____

(This form shall be completed by all employees prior to assignment to operating a non-licensed vehicle.)

W Number: _____

Name of Supervisor: _____

Department: _____ Ext _____

By signing below I acknowledge that:

(Check all that apply)

- I have read the University Non-Licensed Vehicle Safety Policy.
- I understand the terms and conditions of the University Non-Licensed Vehicle Safety Policy.
- I have been provided with the opportunity to ask questions related to this policy.
- I have attended / I have completed my non-licensed vehicle safety training on MOODLE.
(Test grade attached)
- I possess a valid driver's license.
- I have been certified to drive through the Safe Driver Program.

Employee Signature

Date

Non-Licensed Vehicle Trainer Signature

Date

Non-Licensed Vehicle Trainer:

Send the completed form to the Environmental Health & Safety Office – SLU 10452.