

**UTILITY VEHICLE OPERATOR
STATEMENT OF KNOWLEDGE, COMPREHENSION, AND COMPLIANCE**

I have read, understand, and will comply with the **RULES OF OPERATION FOR UTILITY VEHICLES AT UWW**. These rules have been discussed with me by my supervisor. I understand that if I neglect to follow any of the stated rules that I may lose utility vehicle operation privileges and that disciplinary or legal action may be taken against me.

Operator, Printed Name

Signature of Operator

Date of Signature

Supervisor, Printed Name

Supervisor's Record of Annual Review of Rules: Write in dates of subsequent reviews of the *Rules of Operation* with this employee.
