





By signing below, I hereby acknowledge that I have completely read and fully understand the CSU East Bay Parking and Alternative Transportation Services Golf Cart Policy.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use only:** Parking Employee verifying this form ensures that the employee requesting a Golf cart has completed training and has provided certificates of completion as proof. Parking Employees will then update the Fleet Reservation Authorization Driver List.

Defensive Driving Training & Golf Cart Safety Training Form has been completed within the past 12 months.

Parking Staff

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_