

Prairie View A&M University

GOLF CART/SERVICE VEHICLE SAFETY POLICY

VEHICLE INFORMATION FORM

This form shall be completed by the department head and attached to each requisition for purchase of golf carts/service vehicles.

Name of Individual Initiating Purchase: _____

Department: _____

Campus _____ Building/Room _____

Overnight parking and charging location (Be specific): _____

Telephone Number: _____ Fax Number: _____

I have read the PVAMU Golf Cart/Service Vehicle Safety Policy and acknowledge that my department is able to comply with all requirements of this Policy.

I acknowledge that all members of my department, who shall be granted the privilege to operate golf carts on University premises, shall be required to comply with the requirements of the Policy.

Signed: _____ Date: _____

Department Head

Name of Purchasing Agent _____

Purchase Order # _____ Date: _____

Purchasing Agent: Please forward a copy to Transportation and Environmental Health & Safety at, EHS@PVAMU.edu for approval and inventorying.