



Application for Cart Operator's Permit & Operator's Acknowledgement Form

Employee Name (print): _____ Employee Number _____

School Site / Department: _____

Work Phone (including extension): _____

Supervisor Name (print): _____

Operator's Acknowledgement:

In order to operate utility carts on Hernando County School District premises, I acknowledge that:

- a. I have watched the Utility Cart Safety Program video
- b. I have read and understand the Utility Cart Safe Operating Procedures
- c. I understand my responsibilities and will comply with all Safe Operating procedures
- d. I possess a valid driver's license and give my permission to HCSD to validate.

State: _____ Number: _____

- e. I have been instructed on the specific operation and use of the utility cart that I will be operating.

Employee/Operator's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

To obtain Utility Cart Operating Permit:

Send this completed form and copy of operator's driver's license to Risk Management

To Be Completed By Risk Management

Was Operator's Permit Issued? Yes No If no, reason _____