George Mason University
State Operated Vehicle Use
Employee Acknowledgment Form

Before operating a vehicle for George Mason University business or activities, drivers must use this form to acknowledge they are qualified to safely operate the state operated vehicle as detailed in the University Policy No. 1411, Vehicle Use.

__________________________________  ___________________
Driver's Name                                  G Number

__________________________________
Department

I, __________________________________________ have read George Mason University's Vehicle Use Policy 1411 and Procedures outlining vehicle use guidelines and agree to abide by the policy and procedures in the operation of the state operated vehicle entrusted to me.

__________________________________  ___________________
Driver's Signature                              Date:

__________________________________  ___________________
Supervisor's Signature                         Date:

__________________________________________
Supervisor's Name (Printed)

__________________________________________
Supervisor's Title