

**FLORIDA ATLANTIC UNIVERSITY**  
**Golf Cart/Utility Vehicle Safety Policy**  
**Vehicle Approval & Registration Form**

This form shall be completed by the department head for new purchases, registration of existing, golf carts/utility vehicles, or by department head receiving transferred golf carts/utility vehicles.

Check one: New Purchase \_\_\_\_\_ Existing Vehicle \_\_\_\_\_ Transferred Vehicle \_\_\_\_\_

Vehicle Power Type (check one): Electric \_\_\_\_\_ Gas \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_ Building/Room: \_\_\_\_\_

Overnight parking and charging location (Be specific): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*I have read the FAU Golf Cart/Utility Vehicle Safety Policy and my department is able to comply with all requirements of this Policy. All members of my department, who operate golf cart/utility vehicles on University premises, shall comply with the requirements of the Policy.*

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

Forward completed form to Environmental Health & Safety, CO69, Room 112

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**EH&S Use Only** Golf Cart/Utility Vehicle meets requirements for intended use: Y / N

Operators have completed training or are scheduled for training: Y / N

Check one: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Signature: \_\_\_\_\_

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**Physical Plant Use Only**

Adequate Parking Space Available: Y / N Adequate Power Available for Charger: Y / N / NA

If new purchase, assign registration number: \_\_\_\_\_

If existing or transfer, list existing registration number or assign registration number: \_\_\_\_\_

Check one: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Signature: \_\_\_\_\_

New: Fwd to Purchasing Dept. | Existing: Copies as below | Transfer: Fwd to Property Records

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**Purchasing Department Use Only**

**Property Records Department Use Only**

PO Number: \_\_\_\_\_

FAU Property #: \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_

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