

Driver's License Certification

I acknowledge that I have received and reviewed the attached [AHEC Policy – Use of Golf Carts](#). In addition, my signature below certifies that I hold a valid and current Colorado driver's license.

License Number: _____ **Type:** _____ **Expiration Date:** _____

A copy of your current license must be attached to this completed form.

I understand that should the status of my driver's license change in any manner, I am responsible for informing my supervisor of the change immediately. I understand that failure to do so may result in corrective and/or disciplinary action, up to and including termination. I also understand that I am responsible for recertifying this information at the time my driver's license is renewed or reissued and that the College, has the right to acquire a copy of my motor vehicle record.

I further understand that I am required to adhere to all federal, state, and local statutes and laws regarding the operation of a motor vehicle. I must also follow all Auraria Higher Education Center's policies and procedures regarding the operation of motor vehicles as well as traffic and parking rules.

Employee Name (print): _____

Employee Signature: _____ **Date:** _____

Supervisor Name (print): _____

Supervisor Signature: _____ **Date:** _____