

**APPENDIX A**

***UNF VEHICLE CONTROL POLICY***  
**CERTIFICATION MEMO**

I, \_\_\_\_\_, understand that I may be required

(Print Name)

to operate a state-owned vehicle as part of my duties as an employee with the University of North Florida. I certify that I currently hold a valid Florida state driver's license. I further state that if at any time during my employment with the University of North Florida my driver's license expires or is suspended or revoked for any reason, I will immediately notify my department.

I have reviewed the current University of North Florida Vehicle Control Policy and agree to follow that policy in the operation of a state-owned vehicle.

\_\_\_\_\_  
(Signature) (Date)