

# ATV/UTV Enrollment Form

Garrison Safety Office  
500 Huebner Road  
Fort Riley, KS 66442  
Phone: 785-239-3391  
Fax: 785-239-0741  
rodrigo.v.cruz.civ@mail.mil



## Student Information:

Name: \_\_\_\_\_  
Directorate/Unit: \_\_\_\_\_  
Last 4 SSN: \_\_\_\_\_  
Age: \_\_\_\_\_  
Make/CC: \_\_\_\_\_

## Employment Information:

Does civilian employee operate  
ATV/UTV at his/her job site?  Yes  No  
Does Soldier operate ATV/UTV at  
his/her job site?  Yes  No  
Does Soldier have his/her own  
ATV/UTV?  Yes  No

## Course Requirements:

A minimum of 8 students is required before GSO can schedule a class date and time.

## Speciality Vehicle (ATV/UTV) Riders Course:

This training is offered to DoD civilian employees and Soldiers who operate government owned ATV/UTV at their job site, and Soldiers who own ATV/UTVs. Individuals scheduled for the ATV/UTV Riders' course training will have in his/her possession, ATV/UTV and all personal Protective equipment. Each employee will have all the required PPE, long sleeve shirt/pants, over the ankle shoes, gloves and shin guard if available. **There will be no sharing of ATV/UTV during training.**

## Enrollment Instructions:

- (1) Contact the Garrison Safety Office (GSO) 785-239-3391 to schedule a class
- (2) Fill out the enrollment form (Your Commander/Director must approve and sign the form)
- (3) E-mail the enrollment form to GSO within 72 hours to secure a class date

## Cancellation:

Cancellations of training require Supervisor approval and will call GSO 72 hours prior the class date of employee training. This will allow GSO time to fill vacancies. If the ATV/UTV course is cancelled due to bad weather or instructor constraints, the GSO will coordinate a new date. If the employee fails to attend training without prior approval, they will not be allowed to ride or operate their ATV/UTV. Individuals who fail **(NO-SHOW)** to attend training will be reported to their unit for appropriate action and risk mitigation. The Commander/Director will sign the next enrollment form for the individual.

## Supervisor:

The employee has been counseled on their responsibility to be at the appointed place of duty at the prescribed time with all PPE. This document will expire on the scheduled class date.

Director/Supervisor Signature

Student Signature

Phone Number:

Email: \_\_\_\_\_

Phone Number:

Email: \_\_\_\_\_