

# Driving

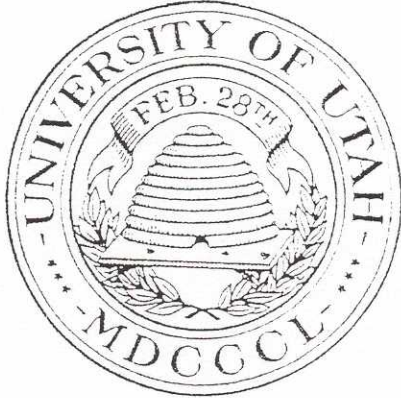
# American Training Resources, Inc.

“The Ultimate Driving Challenge”

## QUESTIONNAIRE

University of Utah

State of Utah



Date of Training \_\_\_\_\_

Driver's Name \_\_\_\_\_ U of U Department \_\_\_\_\_

Campus Address \_\_\_\_\_ U of U Phone # 1-6878

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE TEAR-OFF AND RETURN THIS SHEET TO U OF U RISK & INSURANCE  
MANAGEMENT  
ATTN: JACKIE - 408 PARK BUILDING

The attached questionnaire will test your understanding of the information presented in the video. Only the cover sheet should be returned. You may keep the completed questionnaire for your reference.

**PLEASE ANSWER ALL QUESTIONS**

