



## Limited Movement Drivers Training Acknowledgement

Employee Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

RDU Badge Number: \_\_\_\_\_

I agree to abide by all Raleigh-Durham Airport Authority rules and regulations prescribed for the operations of a vehicle within the airport operations area, and understand that failure to do so may result in the suspension or revocation of my permit.

Employee Signature: \_\_\_\_\_

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

Manager Signature: \_\_\_\_\_

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