



This form only needs to be completed if fueling at the Boca Raton Campus Transportation Department.

## FUELFORCE AUTOMATED FUELING SYSTEM ADD / REMOVE DRIVER

Department / College Name \_\_\_\_\_

Designated Contact Person:

\_\_\_\_\_

Name

Phone

E-mail

- |                |       |       |     |        |
|----------------|-------|-------|-----|--------|
| 1. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 2. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 3. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 4. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 5. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 6. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |
| 7. Driver Name | _____ | _____ | ADD | REMOVE |
|                | Last  | First |     |        |

**\*All drivers must possess a valid Florida driver license in order to operate an FAU vehicle.**

Submit this form when adding or removing an authorized driver.