

Division of Facilities
Buildings and Grounds – Boca Raton

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