



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.