

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 _____<br>Last First |  | ADD <del>REM</del> |
| 2. Driver Name _____<br>Last First |  | ADD <del>REM</del> |
| 3. Driver Name _____<br>Last First |  | ADD <del>REM</del> |
| 4. Driver Name _____<br>Last First |  | ADD <del>REM</del> |
| 5. Driver Name _____<br>Last First |  | ADD <del>REM</del> |
| 6. Driver Name _____<br>Last First |  | ADD <del>REM</del> |
| 7. Driver Name _____<br>Last First |  | ADD <del>REM</del> |

\*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.