



Fuel Key/Authorization Form

Fax Number: (520) 623-7387



Requesting Dept./Agency: _____ Date: _____

Contact Person: _____

Phone Number: _____ Email: _____

Request Personnel Authorization			
Last Name	First Name	Middle Initial	EIN or ID Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Black Key			
_____ New	_____ Replacement		Current Odometer _____
License #: _____	Year: _____	Make: _____	Model: _____
VIN: _____	Fuel Type: ___ Unleaded ___ Diesel	Tank Capacity _____	Gallons _____
Agency's Property #: _____	Pima Co Property # _____		
Red Key (Gas can, ATV, Small Equipment, Etc.)			
_____ New	_____ Replacement (If applicable)		Current Odometer _____
License #: _____	Year: _____	Make: _____	Model: _____
VIN: _____	Fuel Type: ___ Unleaded ___ Diesel	Tank Capacity _____	Gallons _____
Agency's Property #: _____	Pima Co Property # _____		

By signing below you attest the above name(s) meet the qualification under Administrative Procedure 30-31, Driver Qualification and Authorization.

Transportation Coordinator Signature: _____

Transportation Coordinator Name Printed: _____