



CITY OF ALBUQUERQUE
FUEL/MOTOR POOL AUTHORIZATION
 FLEET MANAGEMENT
 PHONE# 857-8077 OR 857-8080
 FAX# 857-8081



Date _____

Last Name _____ **First Name** _____

Department _____ **Division** _____

Employee # _____ **Year of birth** _____

Work # _____ **e-mail** _____

COP Exp. Date _____

For temporary employees only: Driver's License # _____

Approved By: _____

Signature

Print Name **Title**

For motor pool requests (top portion must be complete also)

MOTOR POOL FUND/ACTIVITY _____

AUTHORIZED TO USE Car Truck SUV 4x4 Van

HID CARD NUM (optional) _____

APPROVED BY: _____

Signature

Print Name **Title**

For Fleet Management Use Only:

Date Entered: _____

Entered By: _____