

CITY OF ALBUQUERQUE
FUEL/MOTOR POOL AUTHORIZATION
DTI Helpdesk 505-768-2930 or helpdesk@cabq.gov

Fuel Access Authorization

- 1) Date _____
- 2) Last Name _____ 3) First Name _____
- 4) Department _____ 5) Division _____

- 6) City Employee: Employee # _____ Year of birth _____
- OR
- Temp Employee: Driver's License # _____
- OR (Transit Vehicle Servicers only) ** Please enter City Emp# & YOB or DL# above
HID Card Number: _____

- 7) Work # _____ 8) city e-mail _____

- 9) COP Exp. Date _____ 10) Will Use WEX card yes no

- 11) Approved By _____
- Signature
- _____
- Print Name
- _____
- Title

#1, #2 and #4 must be completed. #3 is optional

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

- 1) **MOTOR POOL FUND/ACTIVITY** _____
- 2) **AUTHORIZED TO USE** ___ Car ___ Truck ___ SUV ___ 4x4 ___ Van
- 3) ****HID CARD NUM (optional)** _____
- 4) **APPROVED BY:** _____
- Signature
- _____
- Print Name
- _____
- Title

***All fields must be complete unless no HID card*

For Fleet Management Use Only:

Date Entered: _____

Entered By: _____