

**DVES FUEL TAG REQUEST FORM
(NEW DRIVER TAG ISSUE)**

I, _____ (H.O.D. / FLEET MANAGER), REQUEST A NEW DRIVER TAG FOR:

TAG USERS, FIRST, MIDDLE INITIAL & LAST NAME (PRINT ONLY):

(DRIVER'S NAME)

DEPT: _____

H.O.D / FLEET MANAGER SIGNATURE

OPERATING HOURS OF FUELING

8:00 AM – 4:30 PM (MON-FRI) OR 24 HRS. (SUN-SAT)

FUEL TAG COLLECTION REQUIREMENTS:

EMPLOYEE SIGNATURE: _____ I.D. NO: _____

DVES SIGNATURE DATE: _____

***ALL FUEL TAGS ARE TO BE COLLECTED & SIGNED FOR AT DVES REFUELING FACILITY.**

DVES HAS AN ELECTRONICALLY CONTROLLED FUEL DISPENSING SYSTEM THAT REQUIRES THE USE OF TWO (2) FUEL TAGS FOR ONE (1) TRANSACTION.

DRIVERS FUEL TAG:

THIS TAG IDENTIFIES THE USER, AND REQUIRES PERSONALIZED PIN # ONLY PROVIDED TO THE PERSON TO WHOM IT'S ASSIGNED. THE TAG & PIN # MUST BE SECURED AND NOT TO BE SHARED WITH ANYONE.

**DVES FUEL TAG REQUEST FORM
(NEW VEHICLE TAG ISSUE)**

I, _____ (HOD / FLEET MANAGER), REQUEST A NEW VEHICLE /

CONTAINER TAG FOR:

VEHICLE LIC#: _____

VEHICLE MAKE & MODEL: _____

FUEL TYPE: () DIESEL OR () GASOLINE (PREMIUM)

OPERATING HOURS OF FUELING

() 8:00 AM – 4:30 PM (MON-FRI) OR () 24 HRS. (SUN-SAT)

CONTAINER CAPACITY (GALS): _____ FUEL TYPE: _____

NOTE: CONTAINER TAGS ARE RESTRICTED TO CONTAINER REFUELING TRANSACTIONS ONLY.

FUEL TAG COLLECTION REQUIREMENTS:

H.O.D / FLEET MANAGER SIGNATURE

DEPT: _____

DVES HAS AN ELECTRONICALLY CONTROLLED FUEL DISPENSING SYSTEM THAT REQUIRES THE USE OF TWO (2) FUEL TAGS FOR ONE (1) TRANSACTION.

VEHICLE FUEL TAG:

THIS TAG IDENTIFIES THE VEHICLE / CONTAINER BEING REFUELED & SHOULD BE KEPT ON THE ASSIGNED VEHICLE'S KEYS OR KEPT IN THE GLOVE COMPARTMENT, LIKEWISE FOR A CONTAINER.

PLEASE CALL DVES FUELING FACILITY AT (345) 945-3627 IF FURTHER ASSISTANCE IS REQUIRED.

**DVES FUEL TAG REQUEST FORM
(REPLACEMENT - DRIVER)**

I, _____ (H.O.D. / FLEET MANAGER), REQUEST A REPLACEMENT DRIVER

TAG FOR:

TAG USERS, FIRST, MIDDLE INITIAL & LAST NAME (PRINT ONLY):

(DRIVER'S NAME)

DEPT: _____

H.O.D / FLEET MANAGER SIGNATURE

OPERATING HOURS OF FUELING

8:00 AM – 4:30 PM (MON-FRI) OR 24 HRS. (SUN-SAT)

FUEL TAG COLLECTION REQUIREMENTS:

EMPLOYEE SIGNATURE: _____ I.D. NO: _____

DVES SIGNATURE

DATE: _____

REPLACEMENT OF FUEL TAGS

AN INVOICE WILL BE GENERATED IN THE AMOUNT OF \$25.00 TO THE SAID DEPARTMENT!

**DVES FUEL TAG REQUEST FORM
(REPLACEMENT - VEHICLE TAG)**

I, _____ (HOD / FLEET MANAGER), REQUEST A REPLACEMENT VEHICLE /

CONTAINER TAG FOR:

VEHICLE LIC#: _____

VEHICLE MAKE & MODEL: _____

FUEL TYPE: () DIESEL OR () GASOLINE (PREMIUM)

OPERATING HOURS OF FUELING

() 8:00 AM – 4:30 PM (MON-FRI) OR () 24 HRS. (SUN-SAT)

CONTAINER CAPACITY (GALS): _____ FUEL TYPE: _____

NOTE: CONTAINER TAGS ARE RESTRICTED TO CONTAINER REFUELING TRANSACTIONS ONLY.

FUEL TAG COLLECTION REQUIREMENTS:

H.O.D / FLEET MANAGER SIGNATURE

DEPT: _____

REPLACEMENT OF FUEL TAGS

AN INVOICE WILL BE GENERATED IN THE AMOUNT OF \$25.00 TO THE SAID DEPARTMENT!

**DVES FUEL TAG REQUEST FORM
(CANCELLATION)**

I, _____ (HOD / FLEET MANAGER), REQUEST A CANCELLATION FOR THE
BELOW FUEL TAG:

DRIVER'S NAME: _____

OR

VEHICLE LIC#: _____ / CONTAINER: _____

H.O.D / FLEET MANAGER SIGNATURE

DEPT: _____

DVES SIGNATURE

DATE: _____

CANCELLATION OF FUEL TAGS

FUEL TAGS ARE TO BE RETURNED FROM THE SAID DEPARTMENT TO DVES FOR DISPOSAL!