

**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)

H.O.D / FLEET MANAGER SIGNATURE

DEPT: _____

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: _____

DYES SIGNATURE

DATE: _____

REPLACEMENT OF FUEL TAGS

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