

Mail to:
Name: _____
Address: _____
City: _____
Zip: _____



MISSISSIPPI
DEPARTMENT OF WILDLIFE, FISHERIES, AND PARKS
LYNN POSEY
Executive Director

Fuelman Change Authorization Form

Employee Name Print _____ Vehicle Number _____

_____ Request for pin number for new Employee.

_____ Request for pin number Deactivation. Effective Date _____

_____ Request for Equipment card due to ___ new employee ___ damage ___ lost or stolen.

_____ Request for Marine card due to ___ new employee ___ damage ___ lost or stolen.

_____ Request for Vehicle card due to ___ new employee ___ damage ___ lost or stolen.

_____ Request for Equipment or Marine Card Limit Change on services from \$250.00 to++
Reason _____

_____ Request for Vehicle Card Limit Change on services from \$250.00 to _____
Reason _____

*Division _____

*Current Cost Center/Internal Order No: _____ to New Cost Center: _____

*Employee Signature: _____ Date: _____

*Supervisors Signature: _____ Date: _____

* Please check as many changes needed per employee or vehicle. Fields with an (*) must be completed.

Please note: Requests for new Fuelman cards or replacements takes five working days to receive from Fuelman. A replacement number for the new card will be generated. It should be manually keyed and used at location until new card is received.

FLEET OPERATIONS
601-432-2022