



**CITY OF NEW ORLEANS**  
**FUEL PIN REQUEST FORM**

Date: \_\_\_\_\_

Full Printed Name: \_\_\_\_\_  
(Please clearly print, first, middle, and last name, including any suffixes- Jr., Sr., II, etc.)

Employee ID (ADP#): \_\_\_\_\_  
(Appears on paystub)

Department: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYEE**

In signing below, I, \_\_\_\_\_, acknowledge that:

- I am to protect the integrity of my PIN;
- I am not to share my PIN with anyone else;
- If someone has forgotten their PIN or lost their fuel card and I assist them by entering my PIN or lend them the fuel card assigned to the vehicle I am driving so that they are able to obtain fuel, I will document the transaction with a Fuel Dispensing Exception Report Form;
- I will be held accountable for all of the fuel dispensed with my PIN;
- And if I believe that someone else has discovered my PIN, I will immediately inform my department's Vehicle Coordinator.

Employee's Signature: \_\_\_\_\_

Department Vehicle Coordinator's Signature: \_\_\_\_\_