

DRIVER FUEL POLICY

Employees authorized to fuel company vehicles are issued a (5) digit **Driver ID** to be used with the company's **PP/CFN Fuel Cards**. This document is to verify that you understand your responsibilities and the company's policies regarding the use of your Driver ID.

Employee Acceptance Statements

1. I have been issued a Driver ID, which authorizes me to fuel company vehicles only, using the company's **PP/CFN FUEL CARD**
2. I understand that my Driver ID identifies me by name on a fuel report and that I am accountable for all transactions made using my Driver ID. Therefore, I will not share my Driver ID with anyone. If I believe someone else knows my Driver ID, I will immediately notify my supervisor and/or fleet manager.
3. I understand that the **PP/CFN FUEL CARD** is not to be used for personal vehicles or non-business purposes. Using the **PP/CFN FUEL CARD** for any purpose other than official business use will be considered theft of company property.
4. I understand that each time I use a **PP/CFN FUEL CARD** I am required to fill the vehicle's fuel tank according to instructions from my supervisor. This will allow the company to monitor fuel usage and track required maintenance intervals. My failure to do this may result in disciplinary action.
5. I understand that each **PP/CFN FUEL CARD** is assigned to each individual employee for the specific fueling purpose of Company Vehicles. My **Driver ID/PIN NUMBER** is unique and **strictly confidential**. I understand that it is against company policy to **SWAP** or **SHARE** cards between vehicles, **SHARE MY PIN NUMBER** or to use any card for other than the intended purpose.

Evidenced by my signature below, I understand and agree to the above statements.

Employee Name: (Print) _____

Signature: _____ Date ____ / ____ / ____