Grant County Fire District #3

Driver's Fueling Procedure Agreement Form

Driver's Name: _____

Vendor: _____

Driver's Card Number: _____

Driver's Security Number: _____

1. I reviewed and understand Grant County Fire District #3 Policy & Procedure Number 4.4.04. Fueling Procedure.

2. Upon departure from Grant County Fire District #3 I will return this driver's card to the District Fire Chief or designee.

3. This form will be put in my personnel file at the main office.

4. Improper use of fuel card/pin, or failure to follow established procedures, may result in disciplinary action up to and including termination of employment.

Signature: _____ Date: _____
GCFD #3 Member