

## **Fuel Card PIN Application**

Wet signatures and 3rd-party verified digital signatures permitted. Font signatures are not permitted. Email form to **CustomerCareTeam-PDS@case.edu** or inner-office-mail to Procurement, CASC Building.

## **Policy & Certification of Pin Holder Information**

By signing below I agree to:

- Use the campus fuel card program for campus vehicles only.
- Not share my unique PIN with anyone.
- If I believe that your PIN has been compromised, contact **CustomerCareTeam-PDS@case.edu** or **216-368-2560 (CCT)** immediately to deactivate the pin, report incident, and request a new PIN.
- If I become separated from the university or if driving a university fleet vehicle is no longer part of my job, I understand that it is my responsibility to deactivate my PIN by contacting **CCT.**
- Have completed the CWRU Fleet Driver Training (Fuel & Maintenance Program Training).
- Have completed the CWRU Driver Safety Training course.
- Verify that the information on this form is correct.

Driver/Pin Holder's Information		
First Name (No Nickname)	Last Name	CWRU ID (ABC123)
		Department
Job Title		
Driver / Pin Holder's Signature		Date
	should the Student's PIN Expir	e? gn the supervisor signature section.
	Supervisor's Inform	ation
First Name (No Nickname)	Last Name	Supervisor's CWRU ID (ABC123)
		and use the CWRU Fuel Program to fuel CWRU er / PIN Holder becomes separated from the university
Supervisor's Signature		Date