State Fuel Network

Employee PIN Worksheet

Division of Fleet Operations
SERVICES ELEVATED

Account Number: _____

Agency Name: _____

Address: _____

City: _____ Zip _____

Federal Tax ID #: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Important: For accuracy and faster completion of request, please make sure "all information" is filled out on this form.

A = Add C = Change D = Delete	Account Number	State: Operator ID Non-State: Employee ID	Employee Last Name	Employee First Name	Employee Identification Number (EIN)

24 Hour Fuel Card Answering Service
Toll-free: 800-678-3440
Local: 801-538-3440

Email completed form to: fuelrequests@utah.gov

PO Box 141117 Salt Lake City UT 84114-1117
4315 South 2700 West
Taylorsville, UT 84129
http://fleet.utah.gov/fuel

Kathryn Shelton – 801-957-7270
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