

“ATTACHMENT A”

**APPLICATION FOR
PERSONAL IDENTIFICATION NUMBER (PIN)/OR
REQUEST FOR NEW GAS CARD**

DEPARTMENT: _____

EMPLOYEE NAME: _____

REASON FOR REQUEST: _____

- NEW EMPLOYEE
- PIN NUMBER NOT WORKING
- GAS CARD NOT WORKING
- NEW COUNTY VEHICLE
- OTHER: _____

Requested SIX DIGIT Pin Numbers _____
If Applicable: For Gas Cards Only

Make: _____ Model: _____ Year _____

Vin: _____ License Plate Number: _____

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date: _____

County Manager's Signature: _____ Date: _____

FOR FINANCE DEPARTMENT USE ONLY:	
PROCESSED BY FINANCE DEPT: _____	DATE: _____
CARD RECEIVED BY FINANCE DEPT: _____	DATE: _____
NEW PIN #: _____	NEW GAS CARD PICKED UP BY _____