

**STATE OF WEST VIRGINIA
DEPARTMENT OF HOMELAND SECURITY**

Fuel Card & Fuel PIN User Agreement

I, _____ (print name), agree to the following regarding my use of any State of West Virginia fuel card and assigned fuel PIN number:

1. I understand that I will make financial commitments on behalf of my agency and the State of West Virginia. I will strive to obtain the best value for the State. I also understand that I am to take measures to protect the fuel card against loss, theft, or damage. If loss, theft, or damage occurs, I will report it immediately to my Agency Fleet Coordinator.
2. I understand that under no circumstances will I use the fuel card to make personal purchases, either for myself or for others. Willful intent to use the fuel card for personal gain will result in disciplinary action up to and including termination of employment and initiation of **mandatory criminal investigation and prosecution**. I will follow established procedures for using my fuel card, including retention of receipts for all purchases according to the Fleet Management Division Policies and Procedures and my agency policy. Failure to do so may result in revocation of my use privileges or disciplinary action.
3. I agree to cooperate with any agency or Fleet Management Division employee engaged in auditing or otherwise investigating use of the fuel card.
4. I will not reveal my Personal Identification Number (PIN), either in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly invoice from the fuel card provider will indicate my name as the responsible party if my PIN is used.
5. I understand that the Fleet Management Division Fuel Card is a Fuel-Only Credit Card that is assigned specifically to an individual vehicle. I will not use the Fuel-Only Credit Card in any other vehicle or for any other purchases. I further understand that I will be required to enter the accurate vehicle odometer reading at the pump (not including tenths) as well as my Personal Identification Number (PIN). I agree to enter this information accurately so that vehicle expenses can be calculated.

Employee Signature

Date Signed

Facility Fleet Authority Signature

Date Signed

Agency Fleet Coordinator Signature

Date PIN Assigned