

## Citibank® MasterCard® Government Fleet Card

## **Driver Information (IFD)**

and signs in Section IV.

Note: This form should be completed by the Agency/Organization Program Coordinator with input from each driver.

Section	on I: I	Instr	uct	ions
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1.

2.	Maintain a copy in the driver and Agency/Organization Program Coordinator's files. Fax completed form to 904-954-7700.										
Sect	ion II: General Inforr	mation									
Age	ency/Organization Nam	ie:									
*Bank #				*Agency/Organization ID #							
*Driver #			*F	unction Code		_ A = Add a new driver M = Maintenance info on an existing driver					
Sta	(6 digit numeric) tus: □ Activate □	) Deactivate (check one)				M = Maintenar	ice info on an e	existing driver			
Sect	ion III: Driver Inform	nation									
*Driver Name (25 character alpha) (First Name/Middle Initial/Last Name)				Driver License # (15 character alphanumeric)							
			<del></del>								
*St	ate Issued	Country Issued	License Expiration Date (MM/DD/YYYY)	*Exception Indicator (Y/N)	Service Type <sup>1</sup>	Weekend Exception <sup>2</sup>	Military Time (Beg)	Military Time (End)			
¹Service Type: N = Not an exception 1 = Self service only 2 = Full service only				<sup>2</sup> Weekend Exception: 1 = Purchase on Monday - Friday only. 2 = Purchase on Monday - Saturday only. 3 = Purchase on all days except holidays. 4 = Purchase on all days except Sundays and holidays.							
	Company # (Range 1) individual codes, or 6 r	anges)									
Oil	Company # (Range 2)	anges)									

To add a driver to the system, the driver completes part of Section III, and the A/OPC completes Section II and remainder of Section III,

\*Approving Agency/Organization Program Coordinator's Signature

## Citi Transaction Services

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Date

<sup>\*</sup>Asterisked fields must be completed prior to submission.