



# Colorado School of Mines

## Fleet Services

### Delete Approved Operator Form

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

	STATE	DRIVER LICENSE #	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
1						
2						
3						
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20						

Authorized Signature \_\_\_\_\_

Email, Fax or Campus Mail to: CSM Facilities Management - Fleet Services

[tgarza@mines.edu](mailto:tgarza@mines.edu)

Fax: 303-384-2036

Attachment C  
CSMFleetProg  
Updated 2/14/13