VOYAGER

Driver Listing Report
Report Date: 08/13/2026

Driver Listing Report

Report Date From: 01/01/2026 to 03/31/2026

Total Records for Report: 38

Account Number	Account Name	Driver ID	Driver Status	Driver Status Date	Driver Last Name	Driver First Name	Driver Middle Initial
869320267	HIDALGO COUNTY H&H S	048739	ACTIVE	03/02/2026	GUTIERREZ	ELOISA	
869320267	HIDALGO COUNTY H&H S	065455	TERMINATED	02/17/2026	SALDANA	NORMA	
869320267	HIDALGO COUNTY H&H S	074829	TERMINATED	01/08/2026	RUBIO	PETRA	
869320267	HIDALGO COUNTY H&H S	267600	TERMINATED	01/08/2026	MARTINEZ	AMERICA	
869320267	HIDALGO COUNTY H&H S	095257	TERMINATED	01/08/2026	ACEVEDO	IRASEMA	
869320267	HIDALGO COUNTY H&H S	113794	TERMINATED	02/17/2026	VELEZ	VIRGINIA	M
869320267	HIDALGO COUNTY H&H S	121797	TERMINATED	01/08/2026	VILLAPANDO	ADRAINA	
869320267	HIDALGO COUNTY H&H S	230731	TERMINATED	01/06/2026	CAVAZOS	RIGOBERTO	
869320267	HIDALGO COUNTY H&H S	271691	TERMINATED	01/06/2026	MARTINEZ	PRISCILLA	
869320267	HIDALGO COUNTY H&H S	154385	TERMINATED	01/06/2026	RIOS	RODOLFO	
869320267	HIDALGO COUNTY H&H S	205974	TERMINATED	01/08/2026	PEREZ	MARIA	
869320267	HIDALGO COUNTY H&H S	213420	TERMINATED	01/08/2026	PERALEZ	FRANCIS	Y
869320267	HIDALGO COUNTY H&H S	234826	TERMINATED	01/08/2026	ESPINOZA	JOSE	M
869320267	HIDALGO COUNTY H&H S	269328	TERMINATED	01/08/2026	ESPINOZA-HILARIO	ZAIRA	
869320267	HIDALGO COUNTY H&H S	261718	TERMINATED	01/08/2026	PERALEZ	JESSICA	
869320267	HIDALGO COUNTY H&H S	248517	ACTIVE	01/13/2026	GONZALEZ	ESPERANZA	
869320267	HIDALGO COUNTY H&H S	248703	TERMINATED	01/08/2026	HERNANDEZ	STEPHANIE	
869320267	HIDALGO COUNTY H&H S	256048	ACTIVE	03/25/2026	LATIGO	ELISA	
869320267	HIDALGO COUNTY H&H S	261017	ACTIVE	03/02/2026	JASSO	JESSICA	
869320267	HIDALGO COUNTY H&H S	261297	ACTIVE	03/25/2026	URIBE-SALINA	KATHIA	B
869320267	HIDALGO COUNTY H&H S	261432	TERMINATED	02/17/2026	FARIAS	KARINA	
869320267	HIDALGO COUNTY H&H S	274151	TERMINATED	01/08/2026	DEL FIERRO	MARIA	
869320267	HIDALGO COUNTY H&H S	274305	TERMINATED	01/08/2026	MARTINEZ	CHRISTINA	
869320267	HIDALGO COUNTY H&H S	278718	TERMINATED	02/17/2026	LOPEZ	ARIANA	A
869320267	HIDALGO COUNTY H&H S	226904	TERMINATED	02/17/2026	ALVAREZ	JENNIFER	
869320267	HIDALGO COUNTY H&H S	265004	TERMINATED	02/17/2026	TAGLE	VICTORIA	
869320267	HIDALGO COUNTY H&H S	281069	TERMINATED	01/08/2026	TORRES	ADRIAN	
869320267	HIDALGO COUNTY H&H S	282405	TERMINATED	01/08/2026	GOMEZ	JESSICA	
869320267	HIDALGO COUNTY H&H S	243656	TERMINATED	01/08/2026	PARDO	CELINE	
869320267	HIDALGO COUNTY H&H S	283452	TERMINATED	01/08/2026	RAMIREZ	ISELA	

869320267	HIDALGO COUNTY H&H S	285099	ACTIVE	02/17/2026	CAVAZOS	JORGE	
869320267	HIDALGO COUNTY H&H S	285234	ACTIVE	02/17/2026	RODRIGUEZ	DANIEL	
869320267	HIDALGO COUNTY H&H S	285420	ACTIVE	02/17/2026	PEREZ	ALYSSA	
869320267	HIDALGO COUNTY H&H S	285609	ACTIVE	02/17/2026	MARTINEZ	PAULINA	
869320267	HIDALGO COUNTY H&H S	285978	ACTIVE	03/02/2026	ESTRADA	IDA	
869320267	HIDALGO COUNTY H&H S	286796	ACTIVE	03/25/2026	BONILLA	FATIMA	J
869320267	HIDALGO COUNTY H&H S	286826	ACTIVE	03/25/2026	DE LA ROSA	IVONNE	G
869320267	HIDALGO COUNTY H&H S	286869	ACTIVE	03/25/2026	GUTIERREZ	MARTIN	
ACTIVE	13						
TERMINATED	25						

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **Add Driver Pin** **Delete/ Cancel Card** **X Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	6-1100-441-00-340-001-0-626
Requested By:	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne Cindy Peña Wallace

Cards Received by Dept on: _____ Date Returned/Cancelled: _____

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID *(6 digits)*	*DBM Use Only* License Verification	*Purchasing Dept. Use Only* Training Date & Signed Fuel Policy
Rigoberto Cavazos	12/10/1972	230731		
Priscilla Martinez	08/01/1996	271691		
Rodolfo Rios	09/29/1971	154385		

Form F.1.1 Revised: / *Attach separate list if additional users are required/*

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **Add Driver Pin** **Delete/ Cancel Card** **X Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	5-1100-441-00-340-001-0-626
Requested By:	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne C. Peña 1/08/26

Cards Received by Dept on: _____ Date Returned/Cancelled: _____

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

	User Name	DOB	User ID *(6 digits)*	*DBM Use Only* License Verification	*Purchasing Dept. Use Only* Training Date & Signed Fuel Policy
Adrian Torres		10/6/1970	281069		
Irasema Acevedo		1/22/1961	095257		
Jose Espinoza		11/16/1996	234826		
Christina Martinez		6/3/1988	274305		
Maria De Los Angeles Perez		06/04/1986	205974		
Francis Yvett Peralez		6/12/1993	213420		
Zaira Espinoza-Hilario		12/3/1988	269328		
Jessica Peralez		4/28/1992	261718		
Stephanie Hernandez		04/30/1993	248703		
Jessica Gomez		03/04/1981	282405		
Celine Pardo		12/12/1962	243656	043656	
Petra Rubio		2/18/1959	074829		
America Martinez		9/11/1996	267600		
Adriana Villalpando		5/24/1964	121797		
Maria Del Fierro		10/16/1999	274151		
Isela Ramirez		2/26/1985	283452		

Form F.1.1 Revised: **/** ***Attach separate list if additional users are required/***

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **X Add Driver Pin** **Delete/ Cancel Card** **Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	5-1100-441-00-340-001-0-626
Requested By:	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne C. Peña 1/13/26

Cards Received by Dept on: _____ Date Returned/Cancelled: _____

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	**DOB**	**User ID** *(6 digits)*	*DBM Use Only* **License Verification**	*Purchasing Dept. Use Only* **Training Date & Signed Fuel Policy**
Esperanza Gonzalez	07/01/1980	248517	✓	

Form F.1.1 Revised: / *Attach separate list if additional users are required/*

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **X Add Driver Pin** **Delete/ Cancel Card** **Delete/Cancel Driver**

Department: Hidalgo County Health & Human Services
Billing Address: 1304 S. 25th Ave
Fuel Card Manager: Dairen Sarmiento Rangel
This person can not have use of the fuel card
Phone Number: (956)383-6221
Web user Name: _____ **Password:** _____
Hidalgo Co Acct Number: 6-1100-441-00-340-001-0-626
Requested By:
Dairen Sarmiento Rangel DSRangel
Original Signature is required
Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #
Reviewed by Fuel Card Administrator: Yvonne C. Peña 2/17/26
Cards Received by Dept on: _____ Date Returned/Cancelled: _____
Fuel Cards Received by Department: _____
Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	*Purchasing Dept. Use Only* **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	**DOB**	**User ID** *(6 digits)*	*DBM Use Only* **License Verification**	*Purchasing Dept. Use Only* **Training Date & Signed Fuel Policy**
Daniel Rodriguez	12/30/1997	285234		
Jorge Cavazos	3/13/1990	285099		
Paulina Martinez	3/12/2003	285609		
Alyssa Perez	6/10/2001	285420		

Form F.1.1 Revised: / *Attach separate list if additional users are required/*

8 FUEL CREDIT CARD REQUEST FORM

Purpose: This rm will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **Add Driver Pin** **Delete/ Cancel Card** **X Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	6-1100-441-00-340-001-0-626
Requested By:	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne C. Peña 2/17/26

Cards Received by Dept on: _____ Date Returned/Cancelled: _____

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID *(6 digits)*	*DBM Use Only* License Verification	*Purchasing Dept. Use Only* Training Date & Signed Fuel Policy
Virginia Mar Velez	12/31/1972	113794		
Norma Saldana	12/05/1961	065455		
Ariana Lopez	8/20/1999	278718		
Karina Farias	5/4/1998	261432		
Jennifer Alvarez	9/10/1979	226904		
Victoria Tagle	10/27/1989	265004		

Form F.1.1 Revised: **/** ***Attach separate list if additional users are required/***

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **X Add Driver Pin** **Delete/ Cancel Card** **Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	6-1100-441-00-340-001-0-626
Requested By:	
	Dairen Sarmiento Rangel DSRangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne C. Peña 3/02/26

Cards Received by Dept on: _____ Date Returned/Cancelled: _____

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID *(6 digits)*	*DBM Use Only* License Verification	*Purchasing Dept. Use Only* Training Date & Signed Fuel Policy
Eloisa Gutierrez	03/21/1970	048739 ✓		
Ida Estrada	02/01/1977	285978 ✓		
Jessica Jasso	09/10/1988	261017 ✓		

Form F.1.1 Revised: / *Attach separate list if additional users are required/*

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **X Add Driver Pin** **Delete/ Cancel Card** **Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	6-1100-441-00-340-001-0-626
Requested By:	
	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On:	Agenda Item No. #
Reviewed by Fuel Card Administrator:	Yvonne C. Peña 3/25/24
Cards Received by Dept on:	Date Returned/Cancelled:
Fuel Cards Received by Department:	
	Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	**DOB**	**User ID** *(6 digits)*	*DBM Use Only* **License Verification**	*Purchasing Dept. Use Only* **Training Date & Signed Fuel Policy**
Elisa Marie Latigo	02/23/1999	256048 ✓		
Fatima Janet Bonilla	06/06/2000	286796 ✓		
Ivonne Giselle De La Rosa	04/15/2002	286826 ✓		
Martin Gutierrez Jr.	08/26/1995	286869 ✓		
Kathia Berenice Uribe-Salinas	10/17/1994	261297 ✓		

Form F.1.1 Revised: / *Attach separate list if additional users are required/*

VOYAGER

Vehicle Listing Report
Report Date 08/13/2026

Vehicle Listing Report

Report Date: 01/01/2026 to 03/31/2026

Total Records for Report: 1

Account Number	Account Name	Vehicle ID	Vehicle Status Description	Vehicle Status Date	License Number	License State	VIN	Vehicle Description
869320267	HIDALGO COUNTY H&H S	003229	TERMINATED	01/06/2026	161-3313	TX	3GCPAAEK0SG184642	25 CHEVYSILVERADO

Add	0							
Deleted	1							

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card **Add Driver Pin** **X Delete/ Cancel Card** **Delete/Cancel Driver**

Department:	Hidalgo County Health & Human Services
Billing Address:	1304 S. 25th Ave
Fuel Card Manager:	Dairen Sarmiento Rangel
	This person can not have use of the fuel card
Phone Number:	(956)383-6221
Web user Name:	**Password:**
Hidalgo Co Acct Number:	5-1100-441-00-340-001-0-626
Requested By:	Dairen Sarmiento Rangel Dairen S Rangel
Original Signature is required	Sign & Print Elected/Official Supervisor/Director

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On: Agenda Item No. #

Reviewed by Fuel Card Administrator: Yvonne C. Peña 1/06/26

Cards Received by Dept on: _____ Date Returned/Cancelled: 1/06/26

Fuel Cards Received by Department: _____

Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No (N/A = Non-vehicle)	**Description** *(Vehicle or Non-vehicle Equip.)*	**VIN Number** (N/A = Non-vehicle)	**Asset Number** (N/A = Non-vehicle)	***Purchasing Dept. Use Only*** **Card Number**
161 3313	2025 CHEVY 1500 4X2 4 CYL CREW CAB	3GCPAAEK0SG184642	LE3229	000121

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	**DOB**	**User ID** *(6 digits)*	***DBM Use Only*** **License Verification**	***Purchasing Dept. Use Only*** **Training Date & Signed Fuel Policy**

Form F.1.1 Revised: / ***Attach separate list if additional users are required/***