

# Fuel Request Form

All sections must be completed to ensure timely processing of fuel requests



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| <b>1. DATE/TIME:</b> _____ / _____ <b>AM/PM</b><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Update   | <b>2. IDENTIFY PRIORITY USER:</b> <i>Check appropriate box</i><br><input type="checkbox"/> ESF Primary State Agency<br><input type="checkbox"/> County Emergency Management Agency<br><input type="checkbox"/> Federally-Recognized Tribal Government  |
| <b>3. NAME OF ESF PRIMARY STATE AGENCY (include ESF #), COUNTY, OR TRIBE:</b>  |  |
| <b>4. REQUESTER NAME/TITLE:</b>  | <b>5. REQUESTER CONTACT INFORMATION:</b><br>Email:<br>Work:<br>Mobile:<br>Satellite:<br>Other:   |
| <b>6. REASON FOR FUEL REQUEST:</b>   |  |
| <b>7. FUEL TYPE AND QUANTITY</b><br><input type="checkbox"/> Unleaded Gasoline _____ gallons<br><input type="checkbox"/> Diesel _____ gallons<br><input type="checkbox"/> Jet Fuel _____ gallons<br><input type="checkbox"/> Aviation Gas _____ gallons<br><input type="checkbox"/> Propane _____ gallons<br><input type="checkbox"/> Other: _____ gallons | <b>8. FUEL DELIVERY SCHEDULE:</b><br><input type="checkbox"/> One Time Delivery ( <i>Specify when needed</i> ):<br>Date: _____ Time: _____ am/pm<br><input type="checkbox"/> Recurring Deliveries<br>Start Date: _____ Time: _____ am/pm<br>Specify preferred schedule ( <i>daily, every other day, etc</i> ): |
| <p><b>NOTE:</b> Ability to meet fuel requests is determined by event conditions, availability of fuel, access to impacted areas, and state/regional response priorities.</p>   |  |
| <b>9. FUEL POINTS OF DISTRIBUTION (FPOD)</b>   |  |
| <b>FPOD 1 (to be completed by counties only)</b>   |  |
| <b>Name/Type of FPOD</b> ( <i>airport, public works, motor pool, other</i> )<br><br><b>Address:</b>  | <b>FPOD Contact Information (24/7):</b><br>Name/Title:<br>Mobile:<br>Work:<br>Email:   |

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| <p><b>FPOD Fuel Type/Storage Capacity</b> <i>(Minimum 5,000 gal)</i></p> <p><input type="checkbox"/> Unleaded Gasoline _____gallons</p> <p><input type="checkbox"/> Diesel _____gallons</p> <p><input type="checkbox"/> Jet Fuel _____gallons</p> <p><input type="checkbox"/> Aviation Gas _____gallons</p> <p><input type="checkbox"/> Propane _____gallons</p> <p><input type="checkbox"/> Other: _____gallons</p> | <p><b>FPOD Backup Power</b></p> <p><input type="checkbox"/> Generator onsite</p> <p><input type="checkbox"/> Connection installed onsite to hook-up to generator</p> <p><input type="checkbox"/> None: If none, manual pump onsite? Y / N</p> <p><b>FPOD Restricted Access</b></p> <p><input type="checkbox"/> Perimeter fencing</p> <p><input type="checkbox"/> Security staff: 24/7? Y / N If no, list hours _____</p> <p><input type="checkbox"/> Other: _____</p> |
|--|---|

**FPOD Accommodations to Receive Fuel Deliveries**

- Fixed Wing
- Rotary Wing
- Road: If yes, is FPOD located on county designated priority lifeline route? Y / N
- Rail
- Waterway

Additional Comments:

**FPOD 2 (to be completed by counties only)**

|   |   |
|---|---|
| <p><b>Name/Type of FPOD</b> <i>(airport, public works, motor pool, other)</i></p> <p>Address:</p> | <p><b>FPOD Contact Information (24/7):</b></p> <p>Name/Title:</p> <p>Mobile:</p> <p>Work:</p> <p>Email:</p> |
|---|---|

|  |   |
|--|---|
| <p><b>FPOD Fuel Type/Storage Capacity</b> <i>(Minimum 5,000 gal)</i></p> <p><input type="checkbox"/> Unleaded Gasoline _____gallons</p> <p><input type="checkbox"/> Diesel _____gallons</p> <p><input type="checkbox"/> Jet Fuel _____gallons</p> <p><input type="checkbox"/> Aviation Gas _____gallons</p> <p><input type="checkbox"/> Propane _____gallons</p> <p><input type="checkbox"/> Other: _____gallons</p> | <p><b>FPOD Backup Power</b></p> <p><input type="checkbox"/> Generator onsite</p> <p><input type="checkbox"/> Connection installed onsite to hook-up to generator</p> <p><input type="checkbox"/> None: If none, manual pump onsite? Y / N</p> <p><b>FPOD Restricted Access</b></p> <p><input type="checkbox"/> Perimeter fencing</p> <p><input type="checkbox"/> Security staff: 24/7? Y / N If no, list hours _____</p> <p><input type="checkbox"/> Other: _____</p> |
|--|---|

**FPOD Accommodations to Receive Fuel Deliveries**

- Fixed Wing
- Rotary Wing
- Road: If yes, is FPOD located on county designated priority lifeline route? Y / N
- Rail
- Waterway

Additional Comments:

For additional FPODs, duplicate and complete page 3 of the Fuel Request Form as needed

FPOD \_\_\_\_\_ (to be completed by counties only)

**Name/Type of FPOD** (airport, public works, motor pool, other)

Address:

**FPOD Contact Information (24/7):**

Name/Title:

Mobile:

Work:

Email:

**FPOD Fuel Type/Storage Capacity** (Minimum 5,000 gal)

- Unleaded Gasoline \_\_\_\_\_ gallons
- Diesel \_\_\_\_\_ gallons
- Jet Fuel \_\_\_\_\_ gallons
- Aviation Gas \_\_\_\_\_ gallons
- Propane \_\_\_\_\_ gallons
- Other: \_\_\_\_\_ gallons

**FPOD Backup Power**

- Generator onsite
- Connection installed onsite to hook-up to generator
- None: If none, manual pump onsite? Y / N

**FPOD Restricted Access**

- Perimeter fencing
- Security staff: 24/7? Y / N If no, list hours \_\_\_\_\_
- Other: \_\_\_\_\_

**FPOD Accommodations to Receive Fuel Deliveries**

- Fixed Wing
- Rotary Wing
- Road: If yes, is FPOD located on county designated priority lifeline route? Y / N
- Rail
- Waterway

Additional Comments: