

HQ.F. 1400.12
(03-00)

U.S. DEPARTMENT OF ENERGY

PARKING PERMIT APPLICATION
(READ instructions before completing form)

SEE REVERSE FOR PRIVACY ACT STATEMENT

FOR PARKING MANAGEMENT OFFICE USE ONLY

ORIGINAL
 UPDATE

HANDICAPPED
 EXECUTIVE
 UNUSUAL HOURS

VAN POOL
 CAR POOL
 SHIFT WORKER

PERMIT NO.

MONTH & YEAR
OF ISSURANCE

RESERVE SPACE
NUMBER

INSTRUCTIONS:

Type requested information: Complete each applicable block. For make of car: Use Ford, Chevrolet, Plymouth, Toyota, Volkswagen, etc., Not model name. Return original copy of the completed form to your Parking Management Office by signing this form, employee certifies that he/she is a regular daily driver/rider in the vanpool/carpool described below. The Principal DOE driver/rider agrees to keep this application current by reporting all changes in person within 10 working days to Parking Management Office. FALSIFICATION OF INFORMATION OR SIGNATURES ON APPLICATION, REPRODUCTION OF PARKING PERMITS OR OTHER ACTS TO CIRCUMVENT THE PROVISIONS ESTABLISHED BY DOE DIRECTIVE OR THE PARKING MANAGEMENT OFFICE WILL RESULT IN TERMINATION OF PARKING PRIVILEGES.

		LAST NAME		FIRST NAME		MI	POSITION TITLE		SSN#
DOE PRINCIPAL									
1	WORK PHONE	EXT	DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE		CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR		LAST NAME		FIRST NAME		MI	POSITION TITLE		SSN#
2	WORK PHONE		DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE		CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR		LAST NAME		FIRST NAME		MI	POSITION TITLE		SSN#
3	WORK PHONE		DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE		CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR		LAST NAME		FIRST NAME		MI	POSITION TITLE		SSN#
4	WORK PHONE		DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE		CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE

SIGNING THIS APPLICATION CERTIFIES THAT YOU ARE NOT A PARTICIPANT IN THE SEET PROGRAM, OR OTHER GOVERNMENT SUBSIDY PROGRAMS.

PRIVACY ACT STATEMENT

- 1. The collection of personal data from persons seeking Department of Energy parking privileges in the Washington metropolitan-area is authorized by Public Law 95-91, Department of Energy Organization Act.**
- 2. The submission of this form is voluntary; however, those individuals who do not submit a form or who do not provide all the applicable requested data on the form will not be considered for issuance of a parking permit. The data will be used to issue parking permits, manage parking facilities, and will be disclosed as required to the General Services Administration.**
- 3. The maintenance of all personal data will be governed by the requirements of the Privacy Act. The data will be part of the Privacy Act System of Records entitled "Employee Parking Records;" a notice describing this system was published in the Federal Register on August 30, 1979.**
- 4. Collection of your Social Security Number is authorized by Executive Order 9397, and is for the purpose of determining whether parking applicants are also enrolled in the "Subsidy for Energy Employees" Transit program.**