

PARKING PERMIT APPLICATION

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| 1. PERMIT NO. | 2. DATE ISSUED | 3. APPLICATION TYPE A [] New B [] Change C [] Recertification | 4. CGHQ USE |
| 5. PRIORITY GROUP A [] Physical Handicap D [] Carpool G [] Motorcycle J [] Carpool (2) B [] Job Requirements E [] Vanpool H [] Bicycle C [] Shift Worker F [] Tenant I [] Special | | VALIDATION DATE/TIME STAMP | |
| 6A. APPLICANT'S NAME AND RESIDENCE ADDRESS (1) Last, First, MI (2) Number and Street or Box Number (3) City, State, Zip Code, County (4) Vehicle Tag number | | 6B. APPLICANT'S BUSINESS ADDRESS (WORK LOCATION) (1) Dept., Admin., & Routing Symbol (2) Number and Street (3) City, State, Zip Code (4) Office Telephone # (5) Room number | |
| 7. GRADE/RANK | | | |
| 8A. Carpool and vanpool applicants only. I hereby certify that to the best of my knowledge and belief, all employees listed in my application for a parking permit are regular members of my Carpool/Vanpool. | | 9A. CERTIFYING OFFICIAL | 9B. CERTIFICATION DURATION |
| 8B. SIGNATURE OF APPLICANT | | 9C. SIGNATURE OF CERTIFYING OFFICIAL | 9D. DATE |
| "WARNING" | | | |
| Falsification of information or signatures, or inclusion of employees not participating regularly as carpool members will result in revocation of parking privileges. For purposes of this certification, regular members of a carpool are those employees who ride to and from work at least six one way trips each week and does not include casual riders. ALL ITEMS WILL BE VERIFIED. | | | |
| 10 - CARPOOL MEMBERS (Do NOT Repeat Applicant's Name) | | | |
| A. NAME AND RESIDENCE ADDRESS (1) Last, First, MI (2) Number and Street or Box Number (3) City, State, Zip Code, County | B. BUSINESS ADDRESS (WORK LOCATION) (1) Dept., Admin., & Rtg. Sym./Company Name (2) Number and Street (3) City, State, Zip Code (4) Office Telephone Number | C. SIGNATURE D. VEHICLE TAG NUMBER | |
| | | <i>I hereby certify that I am a regular member of the carpool.</i> | |
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| 11. NAME OF APPLICANT (<i>Last, First, MI</i>) | 12. OFFICE TELEPHONE NUMBER | 13. PERMIT NUMBER | |