



UNIVERSITY SYSTEM OF THE DISTRICT OF COLUMBIA

PARKING PERMIT APPLICATION

(This document must be submitted to the Cashier's Office with payment. Once payment is made, take the *register validated application* to the Public Safety Customer Service Center, Administration Building (#39), Room A01 to obtain your parking permit

Parking Category _____ New Decal No. _____ Exp. Date _____

Student (non-employee), Faculty, or Staff

Please Print Clearly

1	Applicant Name: _____ <small>Last First Middle</small>	ID No.: _____	Handicap Code: _____
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YOU MUST PRESENT A VALID STATE ISSUED DRIVER'S LICENSE AND VEHICLE REGISTRATION

2	Auto	Make	Model	Year	Auto Tag	State	Driver's License Number	State
	# 1							
	# 2							

YOU MUST PRESENT PROOF OF INSURANCE AT TIME OF APPLICATION

4	Insurance Company	Policy Number	Expiration Date
	Auto#1		
5	Auto#2		

6	Home Address: Street _____ City _____ State _____ Zip Code _____ Telephone No. () _____	Campus Address: Building No. _____ Room No. _____ Telephone No. () _____ EMAIL: _____
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PURCHASE OF THIS PARKING PERMIT DOES NOT GUARANTEE A PARKING SPACE

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

7	Fee Amount	Date	Cash	M.O.	C. Check	Semester/Year

Approving Authority _____ Date _____

This permit is non-transferable and may not be reproduced. Violations may result in parking privileges being revoked in accordance with DCMR Title 8, Chapter 6.