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: _____ ID No.: _____ Handicap Code: ____

Last First Middle

YOU MUST PRESENT A VALID STATE ISSUED DRIVER'S LICENSE AND VEHICLE REGISTRATION

2 **3**

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 **5**

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

6

Home Address:

Street _____

City _____

State _____ Zip Code _____

Telephone No. _(___)_____

Campus Address:

Building No. _____

Room No. _____

Telephone No. _(___)_____

EMAIL:_____

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.