

Parking Permit Application Form

Click fields to enter information online, then print and sign this form.



2150 Kittredge Street
First Floor
Berkeley, CA 94720-5740

Tel: (510) 643-7701
Fax: (510) 642-9004

www.berkeley.edu/transportation

DATE: _____

PERSONAL/DEPARTMENTAL INFORMATION

Name: _____
Last First MI

UC ID: _____

Payroll Title (UC Staff only): _____ Title Code: _____

Campus Dept: _____

Campus Address: _____ Mail Code: _____

Campus Phone: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____

E-mail Address: _____

VEHICLE INFORMATION

Vehicle 1

license plate no. state year make model

Vehicle 2

license plate no. state year make model

Motorcycle/Moped

license plate no. state year make model

OFFICE USE ONLY:
Customer Account No: _____
Payroll Deduction Start Date: _____
PERMIT INFORMATION
Permit Type: _____
Permit No: _____
Exp: _____
Type: _____
No: _____
Shuttle Card #: _____
Permit: _____ \$
Annual transportation Fee: _____ \$
Total Amount Paid: _____ \$
Notes: _____
Processed by: _____

PAYMENT METHOD

OPTION 1: Start monthly payroll deduction (Faculty/Staff only)

Note: Payroll deduction authorization will be in effect until Parking & Transportation receives a written cancellation request.

I authorize \$ _____ to be deducted each month from my paycheck. **X** _____
signature of applicant

OPTION 2: Pay annual fees in full

Cash (in person only) Check # _____ (payable to UC Regents)
 Visa MasterCard Discover Exp Date: _____ Credit Card #: _____

I understand that parking permits are subject to revocation if incorrect information is given or if published rules are violated. I understand that the parking permit issued to me does not guarantee me a parking space. I understand that I am responsible for this permit as long as it is in my possession.

X _____
signature of applicant

_____ date