

East Carolina University
Parking and Transportation Services
Retired Faculty Permits valid in zones:
B1, B3, B5, & C

Permit Assigned _____
office use only

Retired Faculty of the University
Vehicle Registration Application

Applicant Information

Applicant Name _____
Last name First Name MI

Mailing Address _____
(Street Address)

(City, State and Zip)

Telephone Contact Number _____ Email Address _____

Company Represented _____

Vehicle Information

- | | |
|---|---|
| 1. License Plate _____ State _____
Make of Vehicle _____ Year _____
Registered Owner _____
Relation to Applicant _____ | 2. License Plate _____ State _____
Make of Vehicle _____ Year _____
Registered Owner _____
Relation to Applicant _____ |
| 3. License Plate _____ State _____
Make of Vehicle _____ Year _____
Registered Owner _____
Relation to Applicant _____ | 4. License Plate _____ State _____
Make of Vehicle _____ Year _____
Registered Owner _____
Relation to Applicant _____ |

***If you Display a State Handicap Placard, Please complete the following information:**

State HD Placard Number _____ Expiration Date _____

Placard Registered to _____

By Signing below, I accept responsibility for any ECU parking and traffic violation that may occur on my vehicle(s) registered on this application. I understand that the parking permit authorizes parking in specific, designated areas, and that these areas are subject to change. Retired Faculty permits are not authorized for use by current faculty, staff or students in lieu of the permit for which they are eligible.

Signature _____ Date _____