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|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| PLEASE CHECK ONE: <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE | LOT CODE |
| <input type="checkbox"/> INDIV <input type="checkbox"/> BLK <input type="checkbox"/> CARPL <input type="checkbox"/> BIKE <input type="checkbox"/> MC | HANGTAG / DECAL |
| <input type="checkbox"/> BEV <input type="checkbox"/> FCV <input type="checkbox"/> PHEV | CARDKEY |

| | | | |
|------------|------------|----------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
| DEPARTMENT | DIVISION | | BUSINESS PHONE |

| | | | | |
|-------------------|------|----------|----------------------------|-----------------|
| BUSINESS ADDRESS | CITY | ZIP CODE | BUSINESS EMAIL | |
| RESIDENCE ADDRESS | CITY | ZIP CODE | RESIDENCE EMAIL (OPTIONAL) | RESIDENCE PHONE |

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | LICENSE | YEAR | MAKE | MODEL | LICENSE |
|------|------|-------|---------|------|------|-------|---------|
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REMARKS

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PAYMENT AUTHORIZATION / TERMS AND CONDITIONS ON REVERSE

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <u>FORM OF PAYMENT</u> 1. <input type="checkbox"/> PAYROLL DEDUCTION 2. <input type="checkbox"/> CREDIT CARD 3. <input type="checkbox"/> EDP BILLING | 1. I hereby authorize the State Controller to deduct \$ _____ monthly. The payroll deduction will start on _____. | 1. Permittee's Initials _____ |
| | 2. I hereby authorize the Department of General Services to charge \$ _____ monthly to my credit card account. | 2. Permittee's Initials _____ |
| | 3. I hereby agree to remit to the Department of General Services \$ _____ monthly for billable parking. | 3. Permittee's Initials _____ |
| Permittee's Signature: _____ Date: _____ | | |
| I certify that I agree to the terms and conditions on the reverse side of this application. I also certify that I understand that any and all of the above authorizations will continue to be in effect until I submit to the Department of General Services, Employee Parking Unit, a Notice of Cancellation (OFA 66), which must be submitted 30 days in advance. | | |

TRANSPORTATION COORDINATOR'S ACTION

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|----------------|---------|----------------|-------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|------|
| EFFECTIVE DATE | CHECK # | AMT. COLLECTED | FOR (Month) | HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DMV CERTIFICATION REQUIRED | TRANSPORTATION COORDINATOR'S SIGNATURE | DATE |
|----------------|---------|----------------|-------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|------|

STATEWIDE PARKING UNIT'S ACTION

| | | | | | |
|---------------------------|-------------------------|---------------|------|--------------------|---------------------|
| ORIGINAL APPLICATION DATE | SHUTTLE BUS PASS NUMBER | PROCESSED BY: | DATE | CD88 PROCESSED BY: | DATE CD88 PROCESSED |
|---------------------------|-------------------------|---------------|------|--------------------|---------------------|

TERMS AND CONDITIONS

Privacy Statement – Providing the Social Security Number is voluntary in accordance with the Federal Privacy Act of 1974 (PL 93-579).

STATE LIABILITY AND INDEMNIFICATION

1. The State has no liability or responsibility for loss or damage to any vehicle parked pursuant to this permit, and the State assumes no liability for damage to persons or property arising from the exercise of this permit.
2. The Permittee agrees to indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the Permittee by reason of the exercise of any rights or privileges granted to the Permittee by this permit.

EMPLOYEE PARKING RULES

1. Completion of an Application for Parking (OFA 112) and submission to employee's Department Transportation Coordinator (DTC).
2. Parking permits are non-transferable.
3. Permittees must display the proper parking decal or hanger in their vehicle. Failure to do so can result in citation and/or towing of the vehicle at the owner's expense.
4. Vehicles shall not have more than one parking facility decal or hanger.
5. Fees for parking permits will be collected in advance to cover the period prior to commencement of first automated payment. Payment must be by check, money order, or credit/debit card (Sacramento only). If unable to participate in the payroll deduction or credit/debit card payment options, Permittee will then be billed.
6. It is the responsibility of the Permittee to notify their DTC of any changes in the information entered on OFA 112.
7. Any employee who damages an unattended vehicle in a State parking facility must leave his/her name, address, phone number and a statement of the circumstances in a conspicuous place on the damaged vehicle.
8. This agreement may be terminated by submitting a Notice of Cancellation (OFA 66), 30 days in advance to the Permittee's DTC. Parking refund requests will not be processed unless a 30-day Notice of Cancellation is submitted. This rule does not apply to Exempt employees.
9. Permittees will be charged \$25.00 for lost or unreturned cardkeys or parking hangers and \$5.00 for lost or unreturned bicycle keys. Shuttle pass holders will be charged \$10.00 for lost or unreturned passes.
10. A parking permit may be forfeited and parking privileges cancelled for any of the following:
 - A. Subletting, or in any other way allowing an unauthorized person use of a parking permit, space, or facility.
 - B. Passing a cardkey or parking hanger to an unauthorized person to allow entry into or out of a state parking facility.
 - C. Failure to pay parking fees within the required time.
 - D. Parking in an unauthorized lot-whether Public or Private.
 - E. Termination from state service or transfer to a location outside of the core area.

CARPOOL/VANPOOL RULES

1. Permittees and riders are restricted to one carpool or vanpool and shall not appear on another carpool or vanpool application.
2. Make, model and license plate number of all vehicles used in the operation of a carpool must be identified on the Permittee's application.
3. The Permittee will immediately notify their DTC or Employee Parking Unit if any changes occur in the status of the carpool or vanpool.
4. If a carpool loses a member, a new member must be registered within 30 days. Failure to do so will result in the permit being forfeited.
5. The permit may be reassigned to one of the other carpool members if the member has been a passenger for three months or more and is a registered carpool member on the OFA 112.
6. A parking permit may be forfeited and parking privileges cancelled for any of the following:
 - A. Passing a cardkey or parking hanger to an unauthorized person to allow entry into or exit out of a state parking facility.
 - B. Failure to pay parking fees within the required time.
 - C. Permittees and riders shall not park in an unauthorized lot whether Public or Private.

BEV, PHEV, AND FCV CUSTOMERS

1. BEV, PHEV, and FCV customers are also subject to the terms and conditions outlined in the DGS-OFAM Zero-Emission Vehicle Parking and Pricing Policy. In addition to signing this OFA 112, BEV, PHEV, and FCV Customers must sign the Certification below.

Electric Vehicle Parking Policy Certification

I certify that I am in receipt of the Department of General Services Office of Fleet and Asset Management Zero-Emission Vehicle Parking and Pricing Policy, and that I agree to the terms and conditions stated in that document:

Print Name: _____

Signature: _____

Date: _____