

Application for DOT Parking Permit

Please circle: NEW APPLICATION, CHANGE, RECERTIFICATION

Please circle what TYPE of permit you are interested in obtaining:
JR, CP, VP, SW, TN or MOTORCYCLE

Please circle which BUILDING you are interesting in parking:
NASSIF, FAA (FB10-A) or USCG (TRANSPORT)

Please circle whether you are a HOLDER or a MEMBER

Please attach a photocopy of each applicant's Driver's License and Federal ID (if applicable). If you are private industry and don't have a work ID BADGE, just indicate your work information under employment.

Name: _____ Last Four of Social Security: _____
Home Address: _____

Name of Employer: _____ Work Phone: _____
Work Address: _____
Fax Number: _____ Email Address: _____

Routing Symbol: _____ Grade/Level: _____

Vehicle Make: _____	Model: _____	Year: _____	Lic Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Lic Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Lic Plate: _____

Are you currently enrolled in the Transit Subsidy Program? _____

(If JR/TN or SW permit) Approving Official Signature: _____

Privacy Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a parking permit in a DOT parking garage. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the program. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, factious or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries up to \$10,000 per violation; and/or agency disciplinary action up to and including dismissal.