



PARKING PERMIT APPLICATION

LICENSE PLATE NUMBER	STATE	VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR	OFFICE USE ONLY
NAME (LAST, FIRST, MIDDLE INITIAL)			UCF ID NUMBER		V150 <input type="checkbox"/>	
LOCAL MAILING ADDRESS			D.O.B.		V365 <input type="checkbox"/>	
CITY	STATE	ZIP CODE	TELEPHONE		S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/>	
EMAIL (UCF students use your ucf.edu email account)						
I HEREBY AGREE TO COMPLY WITH UNIVERSITY OF CENTRAL FLORIDA'S PARKING AND TRAFFIC REGULATIONS. I UNDERSTAND THAT A COPY OF THESE REGULATIONS ARE AVAILABLE AT www.parking.ucf.edu						
SIGNATURE _____			DATE _____			
PERMIT CLASSIFICATION (OFFICE USE ONLY)						
<input type="checkbox"/> RESERVED <input type="checkbox"/> FACULTY/A&P <input type="checkbox"/> GUEST/RETIREE <input type="checkbox"/> VALENCIA EMPLOYEE	<input type="checkbox"/> STAFF <input type="checkbox"/> SERVICE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> STUDENT (D) <input type="checkbox"/> VALENCIA/DOWNTOWN <input type="checkbox"/> COLLEGE OF MEDICINE	<input type="checkbox"/> LAKE CLARE (RL) <input type="checkbox"/> ACADEMIC VILLAGE (R) <input type="checkbox"/> KNIGHTS PLAZA (KP)			