



Parking & Transportation Services

Faculty / Staff Carpool Permit Application

First Name:	Last Name:	Staff ID:
Building/Room #:	Campus Ext.:	
Home Address:	City:	Zip:
Please list all CSUDH	I faculty / staff carpool members:	
First Name:	Last Name:	Staff ID:
Home Address:	City:	Zip:
First Name:	Last Name:	Staff ID:
Home Address:	City:	Zip:
First Name:	Last Name:	Staff ID:
Home Address:	City:	Zip:
Monday through	ol parking spaces are available in faculty/staff on Friday.	•
• Employees mus	t live at least one (1) mile away from campus g at least 50% of the commute).	
• Parking & Transportation Services will only issue one supplemental carpool permit to each carpool group.		
-	cicipant from the carpool must own a paid semes must be displayed with the paid permit when particles.	, ,
• Carpool permits are issued on an annual basis. Please be aware of your carpool permit expiration date to avoid a citation.		
	e faculty/staff employees must arrive and exit avoid a citation.	the vehicle when parking in any carpool
Signature:		- Date: