



## Faculty/Staff ZEV/PHEV Permit Application

First Name:	Last Name:			
CWID:	Building/Room #:		Campus Ext.:	
Home Address:		City:	Zip:	
Please vehicle inform	nation below:			
Make:	Model: _		Color:	
License Plate:	Parking Po	ermit #:		
I would like to:	[] Pick up my carpool permit at	9		
·	pool parking spaces are available	in faculty/staff ca	arpool zones from 7:00 am – 6:00 pm,	
<ul><li>Monday throw</li><li>Carpool space space.</li></ul>	•	rst served basis. T	his permit does not guarntee a carpool	
• Parking & Tra	ansportation Services will only issu	ue one carpool per	mit lost/stolen permits will not be replaced.	
-	nust own a paid semester or ann th the paid permit when parking in	• •	parking permit. Carpool permit must be n order to avoid a citation.	
• Carpool perm avoid a citation		Please be aware o	f your carpool permit expiration date to	
marked with vehicle. Vehi	a 3 hour maximum, are strictly	enforced. These	signs posted with time restrictions. Stalls stalls have a daily 3 hour maximum per centive for driving a ZEV/PHEV, faculty/	
Signature:			Date:	