

▶▶▶ Apartment Shuttle Application ◀◀◀

Valid: Aug __, 20__ — Aug __, 20__

PERMIT

Account Number _____

Number of permits requested _____

Each vehicle requires it's own permit.

Company Name _____ Phone Number _____

Company Address _____ City _____ State _____ Zip Code _____

Company Contact Name _____ Email Address _____

Parent Company Name _____ Phone Number _____

Parent Company _____ City _____ State _____ Zip Code _____

Each vehicle requires it's own permit. Complete vehicle information and attach a copy of vehicle registration (additional vehicles may be listed on a separate sheet)

1.	_____	_____	_____	_____	_____	_____	_____
	License Plate	State	Make	Model	Year	Length	Passenger Capacity
2.	_____	_____	_____	_____	_____	_____	_____
	License Plate	State	Make	Model	Year	Length	Passenger Capacity
3.	_____	_____	_____	_____	_____	_____	_____
	License Plate	State	Make	Model	Year	Length	Passenger Capacity

I certify that each and every motor vehicle registered to this permit is and will remain in compliance with State of Arizona Emissions Standards during the entire registration period (ARS 15-1627G). I also affirm that the information supplied on this form is complete and true. I agree to adhere to the Rules and Regulations for Apartment Complex Shuttles when transporting students to and from The University of Arizona campus. I understand that failure to comply with the requirements stated in The University of Arizona Motor Vehicle Parking and Traffic Regulations, Arizona Revised Statutes 49-542 and 15-1627G and Apartment Shuttles Campus Rules and Regulations may result in the assessment of fees and fines, impoundment or other institutional enforcement and/or disciplinary action.

SIGNATURE: _____

DATE: _____