



The University of Arizona
Parking & Transportation Services
1117 E Sixth St. | Tucson, AZ 85721- 0181
Mailing Address: PO Box 210181| Tucson, AZ 85721
(520) 626-7275 | FAX (520) 621-7055

Valid: Aug ___, 20____ Aug ___, 20____

2. License Plate State Make Model Year Length Passenger Capacity 3	PERMIT #				Account Number Number of permits requested Each vehicle requires it's own permit.			
Parent Company Name Parent Company Name 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) License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity License Plate State Make Model Year Length Passenger Capacity All 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 registrate 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 CompShuttles 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.	Company Name						Phone Number	
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