



Retiree Permit Application



Customer Account Number

 Last name First Name Middle Initial

 Mailing Address City State Zip Code

 Email Address Daytime Phone Number

Complete vehicle information and attach a copy of vehicle registration for any new listing.						
1.	_____ License Plate	_____ State	_____ Make	_____ Model	_____ Color	_____ Year
2.	_____ License Plate	_____ State	_____ Make	_____ Model	_____ Color	_____ Year
3.	_____ License Plate	_____ State	_____ Make	_____ Model	_____ Color	_____ Year

Lost or stolen permits are not replaced free of charge. Parking privilege is for retiree only. Others attempting to park on campus using a retiree permit are subject to citation and impoundment.

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 Retiree Permits. I understand that failure to comply with the requirements stated in The University of Arizona Campus Parking and Traffic Regulations, Arizona Revised Statutes 15-1627G may result in the assessment of fees and fines, impoundment or other institutional enforcement and/or disciplinary action.

SIGNATURE: _____

DATE: _____