

For Office Use Only

Permit Number
RFID #



THE UNIVERSITY OF ARIZONA

Parking & Transportation
Services

1117 E Sixth St | Tucson, AZ 85721
(P) (520) 626-7275 | (F) (520) 621-7055

Carpool Permit Application

☐ Student ☐ Employee

Point of Contact Name _____

ID# _____

Telephone # _____

Email _____

Permit Location Request

1st choice _____

2nd choice _____

Name of Driver	License Plate	State	Year	Make	Model	Color
1.						
2.						
3.						
4.						

LOST OR STOLEN PERMITS ARE NOT REPLACED FREE OF CHARGE.

I also affirm that the information supplied on this form is complete and true. I understand that failure to comply with the requirements stated in The University of Arizona Motor Vehicle Parking and Traffic Regulations and Arizona Revised Statutes 49-542 and 15-1627G may result in the assessment of fees and fines, impoundment or other institutional enforcement and/or disciplinary action.

I agree to follow the guidelines set forth by Parking and Transportation for the carpool program. Any abuse or deception by any member in the carpool program is grounds for surrendering the carpool permit and reserved space. Any type of falsification or improper use of a University of Arizona parking permit or persistent violations are grounds for citations, impoundment of vehicle, or revocation of parking privileges.

RFID units--I understand that the radio frequency identification device (RFID) is the property of The University of Arizona Parking and Transportation Services (PTS). Should I discontinue my permit for any reason, I will return the RFID unit to PTS within 30 calendar days. Failure to do so will result in a currently approved non-return RFID fee. I hereby authorize PTS to charge the fee through payroll deduction or to my Bursar's account (whichever is appropriate) at the time the RFID fee is due. If I don't pay through this method, I will make payment directly to PTS. I understand that failure to pay this fee would result in collection action in accordance with the UA Motor Vehicle Parking and Traffic Regulations. This agreement is in effect until the device is properly returned to PTS. *If you fail to pay on time and The University of Arizona Parking and Transportation Services Department refers your account(s) to a third party for collection, a collection fee of up to 33.3% or the maximum allowable by law, whichever is lower, will be assessed and will be due and owing at the time of the referral to the third party.*

Signature _____

Date _____

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Please complete the information below. Local addresses will be verified from UAccess.		FOR OFFICE USE ONLY
<input type="checkbox"/> Student <input type="checkbox"/> Employee Carpooler 1 (Point of Contact) _____ ID# _____ Telephone # _____ Email _____		Account # _____ Notes: _____
<input type="checkbox"/> Student <input type="checkbox"/> Employee Carpooler 2 Name _____ ID# _____ Telephone # _____ Email _____		Account # _____ Notes: _____
<input type="checkbox"/> Student <input type="checkbox"/> Employee Carpooler 3 Name _____ ID# _____ Telephone # _____ Email _____		Account # _____ Notes: _____
<input type="checkbox"/> Student <input type="checkbox"/> Employee Carpooler 4 Name _____ ID# _____ Telephone # _____ Email _____		Account # _____ Notes: _____