Vendor– Contractor Application

The University of Arizona
Parking & Transportation Services
1117 E. 6th St. | Tucson, AZ 85721-0181
Mailing Address: PO Box 210181 | Tucson, AZ 85721
(520) 626-7275 | FAX (520) 621-7055

Vendor: [ ] Contractor: [ ]

Company Name: ____________________________________________
Company Address: ____________________________________________
Company Contact Info: __________________________________________

City: ____________________ Zip: __________

Contractor Information
Designated Area_____________________
Project________________________________

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 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. 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. 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 ____________

License Plate    State    Year    Make    Model    Color    VIN (Temp Plate ONLY)
________________________________________________________________________

LOST OR STOLEN PERMITS ARE NOT REPLACED FREE OF CHARGE. LAST DAY FOR PRORATED REFUNDS: 1st FRIDAY OF APRIL

Account #: _______________ # of Permits Requested ____________

Permit Type: Yearly _____ Monthly _____ Daily ________