

Vendor– Contractor Application

Vendor: Contractor:

Company Name: _____ Account #: _____ # of Permits Requested _____
Permit Type: Yearly _____ Monthly _____ Daily _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Contact Info: _____ Phone Number: _____

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

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 of the referral to the third party.*

Signature _____

Date _____

Contractor Information

Designated Area _____

Project _____
