UNIVERSITY OF CALIFORNIA, SAN DIEGO
PARKING AND RIDESHARE APPLICATION

TYPE OR PRINT CLEARLY. COMPLETE APPLICATION FORM ENTIRELY.

PARKING LOCATION:

- [ ] CAMPUS/SIO
- [ ] MEDICAL CENTER

APPLICANT:

- [ ] Student
- [ ] Faculty
- [ ] Staff

HOME ADDRESS (local):

- [ ] Campus
- [ ] Medical Center

STREET:

CITY:

ZIP CODE:

PERMIT NO.:

DATE ISSUED:

TOTAL AMOUNT:

PERMIT CLASS & TYPE:

- [ ] Permit
- [ ] Permit S
- [ ] Permit S with V2

VEHICLE 1:

- [ ] Makes
- [ ] Models
- [ ] Years
- [ ] Colors
- [ ] License Plate

PAYROLL TITLE:

PAYROLL CODE NO.:

- [ ] Faculty
- [ ] Staff
- [ ] Physician
- [ ] Graduate Student
- [ ] Undergraduate Student

VEHICLE 2:

PAYROLL TITLE:

PAYROLL CODE NO.:

VEHICLE 3:

PAYROLL TITLE:

PAYROLL CODE NO.:

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:

I AUTHORIZE THE UNIVERSITY TO COLLECT MY PAYROLL DEDUCTIONS FOR THE PURPOSE OF Paying FOR PARKING PERMITS.

SIGNATURE:

OFFICE USE ONLY

- [ ] Continuing Payroll Deductions
- [ ] New Payroll Deductions

MONTHLY DEDUCTION $: 0.00

DEEDS TO BEGIN FOR THE MONTH OF:

- [ ] Campus/SIO
- [ ] Medical Center

RIDESHARE INFORMATION

Would you like information on:

- [ ] Vanpools
- [ ] Carpools
- [ ] Bus Transit

Would you like a rideshare matchlist of people who live near you, have similar hours, and are interested in carpooling or vanpooling?

- [ ] Yes
- [ ] No

(Note: If you answer 'yes' to this question, your name and work extension will be provided to other UCSD employees requesting ridesharing information.)

In a carpool, would you prefer to:

- [ ] Drive Only
- [ ] Ride Only
- [ ] Share

Normal Work Hours:

- [ ] Start Time: am
- [ ] End Time: pm

(Example)

- [ ] 8:00 am to 5:00 pm

EXHIBIT A