



UC San Diego

Policy & Procedure Manual

[Search](#) | [A-Z Index](#) | [Numerical Index](#) | [Classification Guide](#) | [What's New](#)

PARKING SERVICES

Section: 545-2 EXHIBIT A

Effective: 07/01/1991

Supersedes: 07/01/1987

Review Date: TBD

Issuance Date: 07/01/1991

Issuing Office: [Transportation Services](#)

UNIVERSITY OF CALIFORNIA, SAN DIEGO
PARKING AND RIDESHARE APPLICATION

TYPE OR PRINT CLEARLY. COMPLETE APPLICATION FORM ENTIRELY.

PARKING LOCATION: CAMPUS/SIO MEDICAL CENTER

APPLICANT: _____
 HOME ADDRESS (local) LAST NAME FIRST MID INIT

_____ STREET _____ CITY _____ ZIP CODE

HOME PHONE OFFICE EXT MAIL CODE DEPARTMENT PAYROLL TITLE PAYROLL CODE NO

CATEGORY: FACULTY STAFF PHYSICIAN GRADUATE STUDENT UNDERGRADUATE STUDENT

PERMIT TYPE: BUMPER DASHBOARD (laminated) CARPOOL (laminated)

VEHICLE 1: _____
 MAKE MODEL YEAR COLOR LICENSE PLATE NO STATE

VEHICLE 2: _____
 MAKE MODEL YEAR COLOR LICENSE PLATE NO STATE

VEHICLE 3: _____
 MAKE MODEL YEAR COLOR LICENSE PLATE NO STATE

I CERTIFY THE FOREGOING INFORMATION TO BE TRUE AND HEREBY APPLY FOR A UCSD PARKING PERMIT AND I CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE REGULATIONS PERTAINING THERETO. MONTHLY AND ANNUAL PARKING PERMIT FEES ARE SUBJECT TO CHANGE (REFER TO UCSD PARKING RULES AND REGULATIONS).

SIGNATURE

PAYROLL DEDUCTIONS: I AM ELIGIBLE FOR AND AUTHORIZE PARKING FEE PAYROLL DEDUCTIONS INDEFINITELY UNTIL REVOKED IN WRITING.

SIGNATURE

EMPLOYEE NO.

PERMIT CLASS & TYPE

PERMIT NO: _____

DATE ISSUED: _____ / ____ / 19__

TOTAL CASH RECEIVED: \$ _____

RECEIVED BY: _____

OFFICE USE ONLY

CONTINUING PAYROLL DEDUCTIONS MONTHLY DEDUCTION \$ _____

NEW PAYROLL DEDUCTIONS MONTHLY DEDUCTION \$ _____

DEDUCTIONS TO BEGIN FOR THE MONTH OF _____ 19__

	LOC	EMPLOYEE NO	TC	ACCOUNT NO.	DEDUCTION AMOUNT	DEDUCTION CODE NO
CAMPUS/SIO	6		75	118730	\$ _____	088
MEDICAL CENTER	6		75	118731	\$ _____	089

REV 6/86

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 [] pm End Time [] pm Work Days: M T W T F S S

(Example) [0][8]:[0][0] [X] am - [0][4]:[3][0] [] am [X] [X] [X] [X] [X] [] []
 [] pm [X] pm