



# The University of the Incarnate Word

## PARKING PERMIT APPLICATION

Applicant's ID Number (SSN):	Applicant's Name (Last, First, Middle):	Applicant's Driver's License Number and State:
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<b>1st Automobile:</b>						
Plate No.:	State:	Plate Type: <input type="checkbox"/> 0-Passenger <input type="checkbox"/> 1-Commercial	Vehicle Identification Number:	Owner of Vehicle different than Applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Year of Vehicle:	Vehicle Make:	Vehicle Model:	Vehicle Body:	Vehicle Color:	Reg. Exp.:	
<b>2nd Automobile:</b>						
Plate No.:	State:	Plate Type: <input type="checkbox"/> 0-Passenger <input type="checkbox"/> 1-Commercial	Vehicle Identification Number:	Permit Number		
Year of Vehicle:	Vehicle Make:	Vehicle Model:	Vehicle Body:	Vehicle Color:	Reg. Exp.:	

**PLEASE READ THE FOLLOWING AND SIGN:**

I have received a copy of the University of the Incarnate Word Parking and Traffic Regulations. I understand it is my responsibility to read and familiarize myself with these regulations. Should I not understand any point contained therein, I will contact the University Police for clarification. I further understand that my failure to abide by these regulations will result in the assessment of appropriate penalties:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Office Use Only: DO NOT WRITE BELOW THIS LINE</b>							
<b>Term:</b>	<input type="checkbox"/> FL	<input type="checkbox"/> SP	<input type="checkbox"/> SU	<b>Status:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp.
Year: _____							
<b>Decal No.:</b>	<b>Decal Color:</b>		<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Handicap		
VERIFIED & ENTERED INTO BANNER BY:	DATE:	ENTERED INTO AIMS BY:	DATE:				



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