Clemson University Parking and Transportation Services

Carpool Permit Application

APPLICANT 1: included - ☐ copy of CUID ☐ proof of residence ☐ copy of registration ☐ copy of driver’s license
Name: ____________________________________________     CUID # ____________________
Home/Local Address: ________________________________________________________________
City: ____________________________ State: __________ Zip Code: ________________________
Telephone Number: ________________________ e-mail: ______________________________
License Plate Number: _____________________ State: ________ Permit Number: _________________

APPLICANT 2: included - ☐ copy of CUID ☐ proof of residence ☐ copy of registration ☐ copy of driver’s license
Name: ____________________________________________     CUID # ____________________
Home/Local Address: ________________________________________________________________
City: ____________________________ State: __________ Zip Code: ________________________
Telephone Number: ________________________ e-mail: ______________________________
License Plate Number: _____________________ State: ________ Permit Number: _________________

APPLICANT 3: included - ☐ copy of CUID ☐ proof of residence ☐ copy of registration ☐ copy of driver’s license
Name: ____________________________________________     CUID # ____________________
Home/Local Address: ________________________________________________________________
City: ____________________________ State: __________ Zip Code: ________________________
Telephone Number: ________________________ e-mail: ______________________________
License Plate Number: _____________________ State: ________ Permit Number: _________________

APPLICANT 4: included - ☐ copy of CUID ☐ proof of residence ☐ copy of registration ☐ copy of driver’s license
Name: ____________________________________________     CUID # ____________________
Home/Local Address: ________________________________________________________________
City: ____________________________ State: __________ Zip Code: ________________________
Telephone Number: ________________________ e-mail: ______________________________
License Plate Number: _____________________ State: ________ Permit Number: _________________

Please list your group’s top three preferred parking locations below:

1) ____________________________________________ 3) ____________________________________________ 2) ____________________________________________

I agree to abide by the Clemson University carpool parking regulations and South Carolina State Parking Regulations and to be responsible for all parking citations bearing a permit number issued to me. I will not transfer my parking permit or the group carpool hangtag to any unauthorized person.

Signed: __________________________________________________ Date: ______________________
Signed: __________________________________________________ Date: ______________________
Signed: __________________________________________________ Date: ______________________
Signed: __________________________________________________ Date: ______________________

For Office Use Only:
Approval: ☐ Schedule ☐ Vehicle Ownership ☐ Commuting Path
Approved by: _________________________________ Date: __________________