

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: _____