# Faculty/Staff Parking Permit Application

**University of Vermont Department of Transportation and Parking Services**
**Phone: (802) 656-8686 – parking@uvm.edu – www.uvm.edu/transportation**

**Last Name:** _____ **First Name:** _____

**Work Address:** _____

**City** _____ **State** _____ **Zip Code** _____

**Phone:** _____ **UVM Email Address:** _____

**VEHICLE #1**

**License Plate:** **State:**

| | | | | | | | | – | | |
|---|---|---|---|---|---|---|---|---|---|---|

Make _____ Color _____ Year _____

Style (circle one) 2Dr 4Dr SUV StWgn PkUp Van EV

Plate Type (circle one) Passenger Car Truck Motorcycle

**VEHICLE #2**

**License Plate:** **State:**

| | | | | | | | | – | | |
|---|---|---|---|---|---|---|---|---|---|---|

Make _____ Color _____ Year _____

Style (circle one) 2Dr 4Dr SUV StWgn PkUp Van EV

Plate Type (circle one) Passenger Car Truck Motorcycle

***NOTE: Parking Zone eligibility is determined by Parking Services and dependent on the employment address of the employee in accordance with Human Resource Services records.***

___ Employee Permit (3 year cycle, payroll deduction)

___ Employee Compound Permit (supervisor pre-approval required)

___ Occasional Use Permit

___ Retiree Permit

**PLEASE REVIEW CAREFULLY BEFORE SIGNING!**

- **I am responsible** to know and comply with the University's Parking Rules and Regulations. I am responsible for all parking citations issued to any vehicles associated to me and to understand the appeals process. I understand only one of my permitted vehicles is allowed on campus at a time.
- **I understand** that I may only register vehicles that belong to me or a family member, or to someone else that is NOT affiliated with the University.
- **I understand the assigned parking permit is for the sole use of the individual to whom it is registered** and cannot be resold, photocopied, altered or remanufactured. **It is for my use ONLY and is not transferable to any other individual or vehicle** other than those registered with UVM Transportation and Parking Services.
- **I understand** it is my responsibility to return or exchange my parking permit should my employment status change or end. **I understand Parking Services reserves the right to invalidate my parking permit if I am no longer an active employee and therefore no longer eligible for the permit.** I understand that I must immediately return the permit under this circumstance. Permits are NOT transferable to any other individual.
- **I understand** my University compensation will be reduced via payroll deduction each pay period at the rate in effect for the parking permit zone and type assigned to me, if applicable.
- **I understand** the University may process any delinquent parking fines or fees.

**NOTE: THIS SIGNATURE WILL BE USED AS PROOF OF AGREEMENT TO THE TERMS ABOVE IN ANY SUBSEQUENT PARKING PERMIT PURCHASE DURING THIS PERMIT CYCLE WHERE A SIGNATURE MAY NOT BE OBTAINED.**

**Signature:** _____

**Date:** _____

**GREEN ZONE PARKING (Core/Central campus): You must request to be added to the Zone Green Waitlist.**

Would you like to be added to the Zone Green Waitlist? _____

Waitlist status can be checked at uvm.aimsparking.com. It takes many years to rotate to the top of the list; when your name reached the top, notification will be sent via email (uvm.edu email address).