

Please complete the following information in order to obtain a UMBC parking permit.

**\*All Fields REQUIRED\***

Campus ID# \_\_\_\_\_

Last Name \_\_\_\_\_

**Part-Time**

First Name \_\_\_\_\_

Email \_\_\_\_\_

**Full-Time**

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Start Date \_\_\_\_\_

Vehicle Information:

State \_\_\_\_\_

License Plate \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Are You the Vehicle Owner? Yes \_\_\_ No\_\_\_

*\*Up to TWO Additional Vehicles Can Be Added On the Reverse Side\**

**PARKING SERVICES USE ONLY:**

Date Created \_\_\_\_\_ Initials \_\_\_\_\_

Renewal Needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Information:

State \_\_\_\_\_

License Plate \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Are You the Vehicle Owner? Yes \_\_\_ No\_\_\_

Vehicle Information:

State \_\_\_\_\_

License Plate \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Are You the Vehicle Owner? Yes \_\_\_ No\_\_\_