



CONTRACTOR PERMIT APPLICATION

Please complete the following information in order to obtain a UMBC contractor/vendor parking permit. The State of Maryland is now requiring that we have a written record of every Contractor/Vendor permit issued.

All Fields REQUIRED

CONTRACTOR INFORMATION:

CONTRACTOR NAME: _____

SUBCONTRACTOR NAME: _____

LAST NAME: _____

FIRST NAME: _____

EMAIL: _____

CELL PHONE: _____

VEHICLE INFORMATION:

State _____ License Plate _____

Vehicle Make _____ Vehicle Model _____

Vehicle Color _____ Are You the Vehicle Owner Yes _____ No _____

FM/DEPT INFORMATION:

Project Number/Name: _____ Start Date: _____ End Date: _____

UMBC Contact-Printed Name: _____

UMBC Contact/Approval Signature: _____ Date: _____

(Facilities Management, Residence Life Facilities or Walker Apartments)

PARKING SERVICES USE ONLY:	
Date Created _____	Initials _____
Renewal Needed? Yes _____ No _____	