TSC AUTHORIZATION _____ LOT ASSIGNMENT _____ GATE CARD # _____

# UNIVERSITY OF MARYLAND
# COLLEGE PARK
# FACULTY/STAFF PARKING REGISTRATION

- If information is incorrect, place correct information in boxes, sign, date, and select payment option.
- If information is correct, simply sign, date, and select payment option.

EMPLOYEE NAME (LAST, FIRST MI) | UID NUMBER | STATUS (R - Non-Emp. A - Faculty E - Staff)

MAILING ADDRESS: STREET | RT., BOX NO., APART. NO., ECT. | DEPARTMENT CODE

CITY | STATE | ZIP CODE | X CAMPUS PHONE

Please indicate if you will be using one of these types of vehicle. ____ MOTORCYCLE ____ NON-LOCKING JEEP type vehicle (canvas-top) or convertible.
Would you like disabled parking information? ☐ YES ☐ NO.
If you would like to be included in the "Smart Park" carpool program database, visit our Web-site at www.transportation.umd.edu

CIRCLE ONE:
Contingent I ☐
Contingent II ☐
Non-Exempt ☐
Exempt ☐

## PLEASE CHECK APPROPRIATE PAYMENT BOX

☐ Payroll Deduction (Twenty Pay Periods Per Year). Please Select One:
- ☐ New enrollment - Form Attached
- ☐ Presently Enrolled

☐ Credit Card (VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER credit card only)

PLEASE COMPLETE

Circle one: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Amount of Charge: _____

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

☐ Checks* **Please make checks payable to:* **UNIVERSITY OF MARYLAND**

## IMPORTANT - PLEASE READ BEFORE SIGNING

All information on this form is accurate, I understand that this information may be verified and if found to be falsified, I will be subject to the payment of a penalty fee.

As a condition of receiving a parking permit, I hereby agree to abide by DOTS Parking Regulations. All vehicles park at owner's risk. The UNIVERSITY OF MARYLAND is in no way responsible for damage to a vehicle or its contents. I acknowledge responsibility to pay for the requested parking permit and any missed payments if I am enrolled in the payroll deduction plan.

If I am currently paying by payroll deduction, I understand that a signed payroll deduction form canceling deduction must be submitted to the Department of Transportation Services to stop deductions from my paycheck. If you currently have payroll deduction and you choose to pay by another method, you must submit a Payroll Deduction Cancellation Request:

ALL PARKING FEES ARE NON-REFUNDABLE.

I understand and agree that by authorizing to have automatic parking deductions taken out of my paycheck that the deduction will be on a pre-tax basis and will not be included in my Federal,State or FICA wage base.

_____
Signature

_____
Date

DOTS - 11/07

## FOR OFFICIAL USE ONLY

YEAR | LOT | PERMIT # | GATE #

AMOUNT | CODE | EXP. DATE _____ | ISS'D BY _____ | DATE _____

_____ CANCEL _____ STOLEN _____ LOST

YEAR | LOT | PERMIT # | GATE #

AMOUNT | CODE | EXP. DATE _____ | ISS'D BY _____ | DATE _____

_____ CANCEL _____ STOLEN _____ LOST

YEAR | LOT | PERMIT # | GATE #

AMOUNT | CODE | EXP. DATE _____ | ISS'D BY _____ | DATE _____

_____ CANCEL _____ STOLEN _____ LOST