

PARKING PERMIT APPLICATION
(READ instructions before completing form)

SEE REVERSE FOR PRIVACY ACT STATEMENT

FOR PARKING MANAGEMENT OFFICE USE ONLY

<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> HANDICAPPED	<input type="checkbox"/> VAN POOL	PERMIT NUMBER	MONTH & YEAR OF ISSUANCE	RESERVE SPACE NUMBER
<input type="checkbox"/> UPDATE	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> CAR POOL			
	<input type="checkbox"/> UNUSUAL HOURS	<input type="checkbox"/> SHIFT WORKER			

INSTRUCTIONS:

Complete requested information in each applicable blank. For make of car: Use Ford, Chevrolet, Plymouth, Toyota, Volkswagen, etc., Not model name. Return original copy of the completed form to your Parking Management Office by signing this form, employee certifies that he/she is a regular daily driver/rider in the vanpool/carpool described below.

The **DOE PRIME MEMBER** agrees to keep this application current by reporting all changes in person within 10 working days to the Parking Management Office. FALSIFICATION OF INFORMATION OR SIGNATURES ON APPLICATION, REPRODUCTION OF PARKING PERMITS OR OTHER ACTS TO CIRCUMVENT THE PROVISIONS ESTABLISHED BY DOE DIRECTIVE OR PARKING MANAGEMENT OFFICE WILL RESULT IN TERMINATION OF PARKING PRIVILEGES.

1	DOE PRIME MEMBER	LAST NAME		FIRST NAME		MI	POSITION TITLE	
	WORK PHONE EXT	DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE	CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
2	<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR	LAST NAME		FIRST NAME		MI	POSITION TITLE	
	WORK PHONE EXT	DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE	CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
3	<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR	LAST NAME		FIRST NAME		MI	POSITION TITLE	
	WORK PHONE EXT	DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE	CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE
4	<input type="checkbox"/> FEDERAL <input type="checkbox"/> CONTRACTOR	LAST NAME		FIRST NAME		MI	POSITION TITLE	
	WORK PHONE EXT	DOE ROUTE SYMBOL	EMPLOYER			HOME ADDRESS (Street, City, State)		
	YEARS FEDERAL SERVICE	CAR NO 1, MAKE	ST	TAG NUMBER	CAR NO 2, MAKE	ST	TAG NUMBER	SIGNATURE

SIGNING THIS DOCUMENT CERTIFIES THAT YOU ARE NOT A PARTICIPANT OF THE SEET PROGRAM OR OTHER GOVERNMENT SUBSIDY PROGRAMS.

PRIVACY ACT STATEMENT

1. *The collection of personal data from persons seeking Department of Energy parking privileges in the Washington metropolitan area is authorized by Public Law 95-91, Department of Energy Organization Act.*
2. *The submission of this form is voluntary; however, those individuals who do not submit a form or who do not provide all the applicable requested data on the form will not be considered for issuance of a parking permit. The data will be used to issue parking permits, manage parking facilities, and will be disclosed as required to the General Services Administration.*
3. *The maintenance of all personal data will be governed by the requirements of the Privacy Act. The data will be part of the Privacy Act System of Records entitled "Employee Parking Records"; a notice describing this system was published in the Federal Register on August 30, 1979.*