

PARKING AND TRANSPORTATION

VENDOR/CONTRACTOR PARKING PERMIT REGISTRATION

Personal Information (please print)

Name _____ Date _____

Home Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____

Company Name _____

Billing Address _____ City _____ State _____

Zip Code _____ Contact Name (Supervisor, Foreman, or Office Manager) _____

Contact Phone Number of Company _____

Please Check the Kind of Permit Requested		***Contractor Personal Owned and Non-Branded vehicles must park in the Duck Pond Overflow Lot.		
<input type="checkbox"/> 1-Year	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 3 Months	<input type="checkbox"/> Daily <small>Quantity</small> _____	<input type="checkbox"/> Replacement

** What type of work will you be doing? _____

	License Plate	State	Vehicle Make	Vehicle Model	Color	Year
Vehicle #1						
Vehicle #2						
Vehicle #3						

I certify that the information provided on this form is correct to the best of my knowledge. I also understand that the misuse, resale, fabrication, alteration, and unauthorized transfer of this permit is illegal and may result in a \$150 fine. For any information or status changes, I will contact Parking and Transportation.

I understand that I am responsible for obtaining and familiarizing myself with Virginia Tech's Parking Rules & Regulations, and by my signature below agree to abide by them. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Signature _____ Date _____

For Office Use Only

Date	Permit Number	Permit Fee	Payment Method	Cashiers Initials	Third Party
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