

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	

TYPE OF PERMIT

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"/> 1 Month	<input type="checkbox"/> Daily _____ <small>QUANTITY</small>	<input type="checkbox"/> Replacement
---------------------------------	-----------------------------------	-----------------------------------	----------------------------------	---	--------------------------------------

What type of work will you be doing?

VEHICLE INFORMATION

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

I certify that the information provided on this form is correct to the vest of my knowledge. I also understand that the misuse, resale, fabrication, alteration, and unauthorized transfer of this permit is illegal and may result in an unauthorized use 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 and 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	Cashier Initials	Third Party