

UCDAVIS goCARPOOL PARKING PERMIT APPLICATION

UNDERGRADUATE STUDENTS MUST LIVE OUTSIDE OF THE DAVIS AREA TO PARTICIPATE IN A REGISTERED UC DAVIS CARPOOL.

Please print clearly and complete all requested information before submitting.

Date: _____

Circle the permit type you are requesting:

Mark/complete the permit expiration of your choice

Carpool A	Carpool C
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Annual permit (valid through 6/30) <input type="checkbox"/>	Multi-Year Permit (Indefinite) <input type="checkbox"/>
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Preferred lot for a reserved carpool space:

What hours do you drive to/from campus:

Office Use Only

1 st Choice Lot #	
2 nd Choice Lot #	

Average Arrival Time:	
Average Departure Time:	

Permit Type	
Permit No.	

1. **DESIGNATED CARPOOL COORDINATOR**

Notes:

Campus email: _____ Staff Faculty

Name	Employee/Campus ID
Address	City
Department	Dept Phone No.
	Zip

Office Use Only: Circle Payment Method	Cash	Check	Credit Card	Payroll	P/R deduction Form Recvd?	Temp Permit No.	GCA	GCC
					Valid Permit Recvd?			

2. **Carpool Partner**

Campus email:

Staff Faculty

Name	Employee/Campus ID
Address	City
Department	Dept Phone No.
	Zip

Office Use Only: Circle Payment Method	Cash	Check	Credit Card	Payroll	P/R deduction Form Recvd?	Temp Permit No.	GCA	GCC
					Valid Permit Recvd?			

3. **Carpool Partner**

Campus email:

Staff Faculty

Name	Employee/Campus ID
Address	City
Department	Dept Phone No.
	Zip

Office Use Only: Circle Payment Method	Cash	Check	Credit Card	Payroll	P/R deduction Form Recvd?	Temp Permit No.	GCA	GCC
					Valid Permit Recvd?			

For additional carpool members, please see reverse side.

Signature below certifies that the above information is true and correct. The MAJORITY of our commute trips to campus will be by carpool and if any of the above members no longer participate in the carpool, we will immediately notify TAPS. This carpool is active with all members working or attending classes during the same hours. We have read the UC Davis Carpool Program and goClub permit use guidelines and will adhere to all rules and procedures in accordance with the Carpool Program. We understand that any misuse of the permits or intentional violation of the carpool program policies may result in revocation of parking privileges and/or participation in the carpool program.

SIGNATURES

1.		3.	
2.		4.	

4.	Add'l. Carpool Partner	Campus email:				Staff		Faculty	
Name					Employee/Campus ID				
Address					City			Zip	
Department					Dept Phone No.				
<i>Office Use Only: Circle Payment Method</i>	Cash	Check	Credit Card	Payroll	P/R deduction Form Recvd?	Temp Permit No.			
					Valid Permit Recvd?	GCA	GCC		

Please tell us how you heard about the goCarpool program: _____

**All applicants must sign the front of this application before submitting to TAPS.
Please call TAPS with any questions (530-752-8277)**