

UNIVERSITY OF MARYLAND, BALTIMORE  
PARKING & TRANSPORTATION SERVICES  
Commuter Carpool Application

<input type="checkbox"/>	Faculty/Staff
<input type="checkbox"/>	Student

APPLICANT – PLEASE PRINT

NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

HOME ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP)

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LICENSE TAG#	STATE	VEHICLE DESCRIPTION
#1 _____	_____	_____
	(MAKE,	MODEL, YEAR, COLOR)

**RIDER**

NAME: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LICENSE TAG#	STATE	VEHICLE DESCRIPTION
#1 _____	_____	_____

**RIDER**

NAME: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LICENSE TAG#	STATE	VEHICLE DESCRIPTION
#1 _____	_____	_____

**RIDER**

NAME: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LICENSE TAG#	STATE	VEHICLE DESCRIPTION
#1 _____	_____	_____

I have received the current University Parking Rules and Regulations and agree to abide by the regulations and penalties set forth there-in, I understand that I park at my own risk and that the University is not responsible for loss or damage to my vehicle. I also understand that the parking issued to me is for my own use and not to be used by other persons or to park more than one vehicle at any given time. **I further understand that all parking is on a first-come first-serve bases and does not guarantee me a parking space.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
FOR OFFICE USE ONLY

GARAGE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_  
AREA GROUP: \_\_\_\_\_ TIME ZONE: \_\_\_\_\_ CARD FEATURE: \_\_\_\_\_ HOUSE ACCOUNT: \_\_\_\_\_  
SUITE: \_\_\_\_\_ USE CARD FOR AUTOMATIC CHARGES:  (Check if customer initials to store credit card)  
T2: \_\_\_\_\_ SECOM: \_\_\_\_\_ VERIFIED: \_\_\_\_\_