



LICENSE PLATE NUMBER	STATE	VEHICLE MAKE	VEHICLE MODEL	YEAR	COLOR	OFFICE USE ONLY
NAME (LAST, FIRST, MIDDLE INITIAL)				UCF ID NUMBER		2 nd Veh <input type="checkbox"/> V150 <input type="checkbox"/> V365 <input type="checkbox"/>
LOCAL MAILING ADDRESS				D.O.B.		
						S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/>
CITY	STATE	ZIP CODE	TELEPHONE			
			()			
EMAIL						Order: Receipt: Initials:
<p>I HEREBY AGREE TO COMPLY WITH UNIVERSITY OF CENTRAL FLORIDA'S PARKING AND TRANSPORTATION REGULATIONS DESCRIBED IN CHAPTER 6 OF UCF REGULATIONS AND I UNDERSTAND THAT A COPY OF THESE REGULATIONS ARE AVAILABLE AT parking.ucf.edu. FURTHERMORE, I HAVE ACCURATELY ENTERED MY VEHICLE REGISTRATION INFORMATION AND UNDERSTAND THAT PARKING AND TRANSPORTATION SERVICES HAS A NO REFUND POLICY AND FALSIFYING VEHICLE INFORMATION MAY RESULT IN FRAUDULENT PARKING FINES AND VEHICLE IMMOBILIZATION.</p>						
SIGNATURE _____			DATE _____			
PERMIT CLASSIFICATION (OFFICE USE ONLY)						
<input type="checkbox"/> RESERVED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> GUEST/RETIREE <input type="checkbox"/> VALENCIA EMPLOYEE	<input type="checkbox"/> ALUMNI <input type="checkbox"/> SERVICE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> STUDENT (D) <input type="checkbox"/> VALENCIA/DOWNTOWN <input type="checkbox"/> COLLEGE OF MEDICINE	<input type="checkbox"/> LAKE CLARE (RL) <input type="checkbox"/> ACADEMIC VILLAGE (R) <input type="checkbox"/> KNIGHTS PLAZA (KP)			