

APPLICATION FOR CARPOOL PARKING DECAL

Carpool Decal # _____
Carpool Area _____

Carpool Locations

Garage 6 (1329)	13th Street East	Animal Science	East Hall
Frazier Rogers	Garage 3	Inner Road	Law School
McCarty Drive	PPD	TAPS	University Press
Vet Med			

FIRST APPLICANT

Shands ID _____

Name _____ UFID _____

Home Address _____

City, State, Zip _____

Work Telephone _____ Work Hours _____

Work Location _____

Vehicle Year, Make, and Tag # _____

SECOND APPLICANT

Shands ID _____

Name _____ UFID _____

Home Address _____

City, State, Zip _____

Work Telephone _____ Work Hours _____

Work Location _____

Vehicle Year, Make, and Tag # _____

WARNING If a member of the carpool should leave or become ineligible to participate, you must notify the Decal Office immediately. Failure to do so shall be considered False Registration and result in revocation of carpool privileges for the remainder of the decal year, the following decal year, and issuance of \$150.00 citation to the remaining member of the carpool.

AGREEMENT SIGNATURES: I have read the rules and regulations governing the Carpool Parking Program on TAPS website, <https://taps.ufl.edu/alternative-transportation/carpool/>, and agree to comply to them.

First Applicant Date

Second Applicant Date