APPLICATION FOR CARPOOL PARKING PERMIT

Carpool Permit # _____

Frazier Rogers Garage 3 McCarty Drive Vet Med IRST APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location Vehicle Year, Make, and Tag #	Garage 6 (1329)	13th Street East	Cypress Hall	East Hall
IRST APPLICANT Name Home Address City, State, Zip Work Telephone Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Name Home Address City, State, Zip Work Telephone Work Telephone Work Hours Work Telephone Work Hours Work Hours	<u> </u>		• '	
Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Hours Work Hours	1 Tazier Rogers	Carage 5	MicCarty Drive	V CT WICC
Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Hours Work Hours				
Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Hours Work Hours	IRST APPLICANT		Shands ID	
City, State, Zip Work Telephone Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Location Work Hours	Name			
Work Telephone	Home Address	_		
Work Location Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Location Work Location	City, State, Zip	_		
Vehicle Year, Make, and Tag # ECOND APPLICANT Shands ID Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location	Work Telephone _		Work Hours	
Name UFID Home Address City, State, Zip Work Telephone Work Location	Work Location			
Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location	Vehicle Year, Mak	e, and Tag #		
Name UFID				
Name UFID Home Address City, State, Zip Work Telephone Work Hours Work Location	ECOND APPLICANT		Shands ID	
Home Address City, State, Zip Work Telephone Work Hours Work Location	Name			
Work Telephone Work Hours Work Location				
Work Location	City, State, Zip			
	Work Telephone _		Work Hours	
Vehicle Year, Make, and Tag #	Work Location			
	Vehicle Year, Mak	e, and Tag #		
	/ARNING: If a member of th	e carpool should leave or h	pecome ineligible to participate	e, you must notify the
VARNING:If a member of the carpool should leave or become ineligible to participate, you must notify the	APS Office immediately. F	ailure to do so shall be cor	isidered False Registration and	d result in revocation
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation			ar, the following permit year, a	and issuance of \$150.00
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation for carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150.	tation to the remaining ine	iniber of the carpool.		
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation for carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150.				
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation for carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150. itation to the remaining member of the carpool.				
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation f carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150. itation to the remaining member of the carpool. GREEMENT SIGNATURES: I have read the rules and regulations governing the Carpool Parking Program on				5 5
APS Office immediately. Failure to do so shall be considered False Registration and result in revocation for carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150. itation to the remaining member of the carpool. GREEMENT SIGNATURES: I have read the rules and regulations governing the Carpool Parking Program on				5 5
<u>VARNING</u> : If a member of the carpool should leave or become ineligible to participate, you must notify the APS Office immediately. Failure to do so shall be considered False Registration and result in revocation of carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150. Sitation 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.				5 5