



THE UNIVERSITY OF BRITISH COLUMBIA
PARKING AND ACCESS CONTROL SERVICES

UBC Parking Permit Application

PLEASE CHECK

FACULTY		EMPLOYEE #	NAME :			
STAFF			LAST	FIRST	INITIAL	
GRAD STUDENT		STUDENT #	HOME ADDRESS :			
STUDENT						
OTHER			CITY :		POSTAL CODE :	

E-MAIL ADDRESS : _____ HOME PHONE : _____ CAMPUS PHONE : _____

DRIVER'S LICENSE #: _____ FACULTY : _____ DEPARTMENT : _____

VEHICLE INFORMATION				TYPE <i>(CHECK)</i>						
LICENSE PLATE:	MAKE:	COLOUR:		2DR	4DR	CONV	SUV	VAN	TRUCK	MC
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LICENSE PLATE:	MAKE:	COLOUR:		2DR	4DR	CONV	SUV	VAN	TRUCK	MC

COMMUTING INFORMATION

SINGLE OCCUPANT VEHICLE (SOV) : _____ CARPOOL (# OF PEOPLE INCLUDING DRIVER) : _____ BC TRANSIT (# OF TRIPS PER MONTH) : _____

I HEREBY AUTHORIZE MONTHLY PAYROLL DEDUCTIONS TO PAY FOR MY ANNUAL FEES UNTIL SUCH TIME THE PERMIT IS RETURNED TO THE PARKING OFFICE.

I AM AUTHORIZED TO ACT AS OWNER OF THIS PERMIT AND AGREE TO COMPLY WITH THE UNIVERSITY OF BRITISH COLUMBIA'S PARKING REGULATIONS.

SIGNATURE FOR PAYROLL PLAN : _____ SIGNATURE : _____

OFFICE USE ONLY

PAYROLL DEDUCTION	START	RENEWAL		PERMIT COST :	ISSUE DATE :
DEDUCTION PLAN	CURRENT YEAR	LONG TERM	OTHER	DAILY COST :	PERMIT #
TOTAL COST OF PERMIT		MONTHLY DEDUCTION :		DEPOSIT:	RETURNED PERMIT # :
DEDUCTIONS TO START ON :		STOP ON :		FINES :	
PROCESS TO PAYROLL ON :				TOTAL :	TRACER # :
NOTES:				PAYMENT : CASH	CHECK M/CARD VISA AMX DEBIT