

STATE OF CALIFORNIA  
 DEPARTMENT OF GENERAL SERVICES  
 OFFICE OF FLEET AND ASSET MANAGEMENT  
**APPLICATION FOR PARKING**  
 OFA 112 (REV. 6/08)

E-Mail Address:	Cell Phone #:
-----------------	---------------

CHECK ONE <input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER <input type="checkbox"/> UPDATE	REFUND AMT.	LOT CODE		LOT CODE (TRANSFER TO)	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BLK <input type="checkbox"/> VANPOOL <input type="checkbox"/> BIKE <input type="checkbox"/> CARPOOL <input type="checkbox"/> MC		ACCTG. #	SPACE #	SPACE #	TRANSFER DATE

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	CARDKEY, DECAL, HANGER #	CARDKEY, DECAL, HANGER #
DEPARTMENT	DIVISION	BUSINESS ADDRESS			
CITY	ZIP CODE	BUSINESS PHONE			
RESIDENCE ADDRESS	CITY	ZIP CODE	RESIDENCE PHONE		

**VEHICLE INFORMATION**

YEAR	MAKE	MODEL	LICENSE	YEAR	MAKE	MODEL	LICENSE

**REMARKS**


**PAYMENT AUTHORIZATION / TERMS AND CONDITIONS ON REVERSE**

<b>FORM OF PAYMENT</b>	1. <input type="checkbox"/> PAYROLL DEDUCTION 2. <input type="checkbox"/> CREDIT CARD 3. <input checked="" type="checkbox"/> EDP BILLING	1. I hereby authorize the State Controller to deduct \$ _____ monthly. The payroll deduction will start on _____. 2. I hereby authorize the Department of General Services to charge \$ _____ monthly to my credit card account. 3. I hereby agree to remit to the Department of General Services \$ _____ monthly for billable parking.	1. Permittee's Initials _____ 2. Permittee's Initials _____ 3. Permittee's Initials _____
Permittee's Signature: _____		Date: _____	
I certify that I agree to the terms and conditions on the reverse side of this application. I also certify that I understand that any and all of the above authorizations will continue to be in effect until I submit to the Department of General Services, Employee Parking Unit, a Notice of Cancellation (OFA 66), which must be submitted 30 days in advance.			

**TRANSPORTATION COORDINATOR'S ACTION**

EFFECTIVE DATE	CHECK #	AMT. COLLECTED	FOR (Month)	HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DMV CERTIFICATION REQUIRED	TRANSPORTATION COORDINATOR'S SIGNATURE	DATE
----------------	---------	----------------	-------------	---	--	------

**FLEET AND ASSET MANAGEMENT'S ACTION**

ORIGINAL APPLICATION DATE	SHUTTLE BUS PASS NUMBER	PROCESSED BY:	DATE	CD88 PROCESSED BY:	DATE CD88 PROCESSED
---------------------------	-------------------------	---------------	------	--------------------	---------------------