

Lot Number	Permitee Name	Permitee Carpool Group Name	Date
Agency/Department		Work Start Time	Work End Time
Business Email		Business Phone Number	
Nearest Major Cross Street to Home			Home Zip Code

Please define your route to work in the space provided below. Do not include any specific home addresses.

By checking this box, I state that I have read, understand and agree to comply with the [Parking Policy](https://www.dgs.ca.gov/OFAM/Resources/Page-Content/Office-of-Fleet-and-Asset-Management-Resources-List-Folder/Parking-Facility-Management) located on DGS OFAM website (https://www.dgs.ca.gov/OFAM/Resources/Page-Content/Office-of-Fleet-and-Asset-Management-Resources-List-Folder/Parking-Facility-Management) and that all information provided is correct and factual. Failure to comply with the parking policy or any false statements made on the parking application will invalidate the car/vanpool and result in immediate termination of parking privileges.

CERTIFICATION OF TRANSPORTATION COORDINATOR

By checking this box, I certify that the above information was completed in my presence after verifying the identity of the person involved.

Transportation Coordinator	Agency/Department	Business Phone	Date
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