

Carpool Permit Form

Quarter/Year: _____

To participate in the carpool permit program, the following requirements must be met (Initial by each):

- ♦ ***Members (at least two) must commute to or from UWB/CC as a carpool FOUR or more individual one-way trips per week. Student's class and/or campus work schedules must match within 2.5 hours***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***All members must be faculty, staff, a retiree who is re-employed on a part-time basis, affiliate or student of UWB or CC performing their responsibilities on the UW Bothell or Cascadia Community College campus.***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***All members must present their UWB/CC ID Cards at the time of application.***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***Each member must complete and sign the application form.***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***Permits cannot be issued or renewed if any member has an unpaid campus parking violation.***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***You are not eligible to purchase another parking permit or be part of another carpool permit.***

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____

- ♦ ***You are eligible to purchase a U-PASS.***

- ♦ ***Carpool permits are issued only on a quarterly basis and can be paid for via cash, check, VISA or MasterCard, and Husky Card.***

****COPY/DUPLICATION of the permit constitutes fraud and could be cause for serious disciplinary action.**

Carpool Member #1_____ Carpool Member #2_____ Carpool Member #3_____



#1 Carpool Member Information:

Entered Date: _____

			Campus Affiliation <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
First Name	M.I.	Last Name			
Home street address			UW Employee # or Student ID #		
City ()	State ()	Zip	E-mail Address		
Home Phone	Office Phone	Campus Box #	Campus Department	Campus Bldg & Rm #	

#1 Carpool Member Vehicle Information for Parking Permit (REQUIRED):

	Vehicle Make and Model	Vehicle License Plate #
Vehicle #1		
Vehicle #2		

#2 Carpool Member Information:

			Campus Affiliation <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
First Name	M.I.	Last Name			
Home street address			UW Employee # or Student ID #		
City ()	State ()	Zip	E-mail Address		
Home Phone	Office Phone	Campus Box #	Campus Department	Campus Bldg & Rm #	

#2 Carpool Member Vehicle Information for Parking Permit (REQUIRED):

	Vehicle Make and Model	Vehicle License Plate #
Vehicle #1		
Vehicle #2		

#3 Carpool Member Information:

			Campus Affiliation <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
First Name	M.I.	Last Name			
Home street address			UW Employee # or Student ID #		
City ()	State ()	Zip	E-mail Address		
Home Phone	Office Phone	Campus Box #	Campus Department	Campus Bldg & Rm #	

#3 Carpool Member Vehicle Information for Parking Permit (REQUIRED):

	Vehicle Make and Model	Vehicle License Plate #
Vehicle #1		
Vehicle #2		

Payment Option:

Conditions (read carefully/sign below):

☐ \$225.00
Cash, check
Credit Card
Husky Card

If the Carpool Parking Permit is lost or stolen, I will report it immediately to the UW Bothell Cashier's Office; a \$20 replacement fee will be assessed. Members of this carpool are the only persons authorized to use the Carpool Parking Permit. Use by another person may constitute fraud and could be cause for serious disciplinary action. ***I will return the Carpool Parking Permit if the carpool is disbanded.*** Parking Permits are the property of the University of Washington Bothell and are not transferable. I certify the information provided by me herein is correct.

#1 Carpool member signature _____

Date _____

#2 Carpool member signature _____

Date _____

#3 Carpool member signature _____

Date _____