

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 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 CCC 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/CCC 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 _____

- ♦ **If you need assistance determining whether you meet all the criteria for a carpool permit, contact the UWB Transportation Coordinator at 425-352-5421**
- ♦ **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):

- \$204.00
- Cash, check
- Credit Card
- Husky Card

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. **The carpool lead will purchase the carpool permit and will be responsible for changes in carpool status including changes in carpool members or associated vehicles.** 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 _____