

Carpool Permit Application

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**APPLICANT 1:** included -  copy of CUID  proof of residence  copy of registration  copy of driver's license

Name: \_\_\_\_\_ CUID # \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Clemson e-mail: \_\_\_\_\_@clemsn.edu

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**APPLICANT 2:** included -  copy of CUID  proof of residence  copy of registration  copy of driver's license

Name: \_\_\_\_\_ CUID # \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Clemson e-mail: \_\_\_\_\_@clemsn.edu

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**APPLICANT 3:** included -  copy of CUID  proof of residence  copy of registration  copy of driver's license

Name: \_\_\_\_\_ CUID # \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Clemson e-mail: \_\_\_\_\_@clemsn.edu

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**APPLICANT 4:** included -  copy of CUID  proof of residence  copy of registration  copy of driver's license

Name: \_\_\_\_\_ CUID # \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Clemson e-mail: \_\_\_\_\_@clemsn.edu

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**Please list your group's top three preferred parking locations below:**

- 1) \_\_\_\_\_ 3) \_\_\_\_\_
- 2) \_\_\_\_\_

I agree to abide by the Clemson University carpool parking regulations and South Carolina State Parking Regulations and to be responsible for all parking citations bearing a permit number issued to me. I will not transfer my parking permit or the group carpool hangtag to any unauthorized person.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Approval:  Schedule  Vehicle Ownership  Commuting Path

Group #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Appt: \_\_\_\_\_