



DEPARTMENT OF  
TRANSPORTATION SERVICES

# UMD DOTS CARPOOL PERMIT APPLICATION FORM

**CARPOOL MEMBERS** (All members must complete this form)

To qualify for a carpool permit, each carpool member must meet all the eligibility requirements for the duration of the permit.

**ELIGIBILITY** (Each member must meet ALL of the following criteria for the duration of the period and sign this form, confirming that he or she is eligible)

- Carpool members must have a current affiliation with UMD and live off-campus.
- Carpool members will be commuting to campus for the duration of this permit.
- Carpool members will not use any UMD parking permit except this carpool permit and daily parking permits during the time they are carpool members.
- Carpool members understand that if they give false information to obtain a carpool permit, they may lose their privilege to receive any transportation benefits from UMD, and may receive disciplinary action up to and including termination of employment or expulsion.

**RULES AND REGULATIONS**

- The permit holder and all riders will be connected to the carpool permit and thus not eligible for another permit.
- Carpool members are ineligible to obtain additional permits of any type (excluding bundle pack permits – carpool permits are eligible to purchase one bundle pack per semester).
- Carpool permit must be visible at all times when vehicle is parked.
- Participants must contact DOTS within ten business days if their University affiliation status changes. Failure to do so may result in notification of suspension of Carpool parking privileges, surrender of the Carpool permit and denial of future Carpool permits/privileges.
- Any type of falsification or improper use of a UMD parking permit or persistent violations are grounds for citations, impoundment of vehicle, or revocation of parking privileges for a faculty, staff or student. The Director of DOTS reserves the right to make this decision.
- If the carpool dissolves, the members will be eligible for getting individual parking permits. Upon receiving individual permit, normal parking permit fee will be payroll deducted.

|  |       |                      |       |
|--|-------|----------------------|-------|
| <b>I certify that all information is true, I am eligible for Carpool Program, and I accept the terms stated above.</b> |       |                      |       |
| 1. CAPTAIN   |       | 2. ADDITIONAL MEMBER |       |
| _____  | _____ | _____                | _____ |
| Signature  | Date  | Signature            | Date  |
| 3. ADDITIONAL MEMBER   |       | 4. ADDITIONAL MEMBER |       |
| _____  | _____ | _____                | _____ |
| Signature  | Date  | Signature            | Date  |

|                          |             |
|--------------------------|-------------|
| <b>OFFICIAL USE ONLY</b> |             |
| Lot Assignment:          | Issue Date: |
| Permit Number:           | Issued By:  |

**Please fill out this application completely and legibly to avoid delays in processing your permit.**

|   |              |             |  |                 |
|---|--------------|-------------|--|-----------------|
| 1. CAPTAIN: Name (Last, First) _____ UMD ID _____ |              |             |  |                 |
| Department  |              |             | Employment<br><input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student |                 |
| License Plate #                                   | State        | Current Lot | Current Permit #   | Expiration Date |
| Make  | Model        |             | E-mail   |                 |
| Phone (Home)                                      | Phone (Work) |             | Phone (Cell)   |                 |
| Home Address                                      |              |             | Work Address   |                 |

|   |              |             |  |                 |
|---|--------------|-------------|--|-----------------|
| 2. ADDITIONAL MEMBER: Name (Last, First) _____ UMD ID _____ |              |             |  |                 |
| Department  |              |             | Employment<br><input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student |                 |
| License Plate #   | State        | Current Lot | Current Permit #   | Expiration Date |
| Make  | Model        |             | E-mail   |                 |
| Phone (Home)  | Phone (Work) |             | Phone (Cell)   |                 |
| Home Address  |              |             | Work Address   |                 |

|   |              |             |  |                 |
|---|--------------|-------------|--|-----------------|
| 3. ADDITIONAL MEMBER: Name (Last, First) _____ UMD ID _____ |              |             |  |                 |
| Department  |              |             | Employment<br><input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student |                 |
| License Plate #   | State        | Current Lot | Current Permit #   | Expiration Date |
| Make  | Model        |             | E-mail   |                 |
| Phone (Home)  | Phone (Work) |             | Phone (Cell)   |                 |
| Home Address  |              |             | Work Address   |                 |

|   |              |             |  |                 |
|---|--------------|-------------|--|-----------------|
| 4. ADDITIONAL MEMBER: Name (Last, First) _____ UMD ID _____ |              |             |  |                 |
| Department  |              |             | Employment<br><input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student |                 |
| License Plate #   | State        | Current Lot | Current Permit #   | Expiration Date |
| Make  | Model        |             | E-mail   |                 |
| Phone (Home)  | Phone (Work) |             | Phone (Cell)   |                 |
| Home Address  |              |             | Work Address   |                 |