

Application for Student Parking

Student Information

Last Name: _____

First Name: _____

Student ID: _____ Class Year: _____

Address: _____

City, State, Zip: _____

Campus Bldg. / Room #: _____ Campus Phone #: _____

Home Phone: _____ Cell Phone #: _____

Vehicle Information

Driver's License #: _____ State: _____

Vehicle Plate #: _____ State: _____

Year: _____ Make: _____ Color: _____ Model: _____

Name/Address of Registered Vehicle Owner:

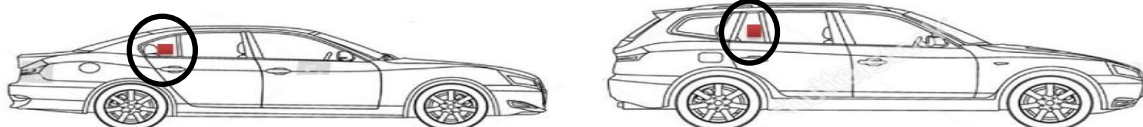
Relationship to Student Driver: _____

Attach a copy of applicant's valid driver's license, registration, and insurance certificate with application.

I certify that the above information is correct and I have read a copy of the parking and traffic regulations of SUNY Maritime College and will abide by them.

Traffic and Parking Regulations are available at the University Police Department or online at <http://www.sunymaritime.edu/university-police> under parking regulations

Position of decal on rear passenger side window



X _____

Printed Name

Completed applications should be sent to:
Parking Permits C/O University Police @ SUNY Maritime
6 Pennyfield Ave, Bronx NY 10465

X _____

Signature

By my signature above, I understand that I am required to pay for this permit at the time I receive it from Student Accounts. I Understand that Financial Aid cannot be used to pay for the Parking Fee.

For Official Use Only

Decal # _____ Date Received _____ Date Issued _____