

For Parking & Transportation Use Only		
Permit # _____	Date _____	CSR _____
Permit Replacement _____	Date _____	CSR _____
Employee/Student/Affiliate Parking Permit Application		
If you have applied for a permit online, do not submit this form. We do not accept applications via fax.		
Legal Name (no abbreviations/nicknames): _____		
E-mail: _____		Duke Unique ID: _____
Department/School: _____		
Duke Campus Box: _____		Primary Telephone: _____
Campus/Local Address: (Include City, State, Zip) _____		
Customer Type		
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Affiliate
Permit Requested		
Current Permit Type: _____ Permit Type/Facility Requested: _____		
Permits are sold based on eligibility and availability. Employees may be able to join a waitlist for the permit requested.		
Vehicle Information (list all vehicles)		
Vehicle Year: _____	License Plate State/Number: _____	Make/Model/Color: _____ <input type="checkbox"/> Motorcycle/Moped <input type="checkbox"/> Convertible
Vehicle Year: _____	License Plate State/Number: _____	Make/Model/Color: _____ <input type="checkbox"/> Motorcycle <input type="checkbox"/> Convertible
Student Payment Method		
Permit fees are billed to a student's bursar account.		
Employee/Affiliate Payment Method		
<input type="checkbox"/> Check/Money Order (Make payable Duke University) Check/Money Order #: _____ <input type="checkbox"/> Fund code: _____ <input type="checkbox"/> Credit/Debit Card (in person payment required) <input type="checkbox"/> Cash (in person payment) <input type="checkbox"/> Split Pay (shared cost between employee and department)		
<ul style="list-style-type: none"> • Employee pays: <input type="checkbox"/> Remote Permit Rate <input type="checkbox"/> Proximate Permit Rate <input type="checkbox"/> Premium Permit Rate • Department fund code above pays balance 		
<input type="checkbox"/> Payroll deduction: I hereby authorize Duke University Parking and Transportation Services to deduct from my paycheck 1/12 of the annual cost of my assigned permit, pre-tax. I authorize this monthly deduction for as long I have a parking permit. If I leave Duke and fail to return my permit, I will be financially responsible for any costs and fines associated with the permit until it is returned. Benefit-eligible faculty and staff working 20 hours or more per week have their parking fees deducted on a pretax basis. Any permit refunds will have taxes deducted. Faculty and staff scheduled to work less than 20 hours per week may not be eligible for payroll deduction.		
Signature: _____		Date: _____
Acceptance of Policies (read and sign)		
Individuals who operate or park a motor vehicle on Duke University's campus are subject to Parking and Transportation Services (PTS) policies and regulations. By signing below, I acknowledge that I have read, understand, and agree to abide by these policies. Failure to abide by these policies may result in fines and/or towing of my vehicle. I agree to pay all fines associated with policy violations. I understand that PTS will charge any unpaid fines to my bursar account or deduct them from my paycheck.		
Signature of Applicant: _____		Date: _____