

For Parking & Transportation Use Only		
Permit # _____	Date _____	CSR _____
Permit Replacement _____	Date _____	CSR _____
<b>Departmental/Business Parking Permit Application</b>		
If you have applied for a permit online, do not submit this form. We do not accept applications via fax.		
<b>Contact Legal Name (no abbreviations/nicknames):</b>		
<b>Contact E-mail:</b>	<b>Duke Unique ID (if applicable)</b>	
<b>Department/Company Name:</b>		
<b>Primary User's Name</b>		
<b>Check if applicable:</b> <input type="checkbox"/> Permit(s) will be shared among more than one user.		
<b>Duke Campus Box:</b>	<b>Primary User Phone:</b>	
<b>Mailing Address:</b> (If not Duke department, include City, State, Zip)		
Customer Type		
<input type="checkbox"/> Duke Department <input type="checkbox"/> Non-Duke organization (includes vendors, contractors) <input type="checkbox"/> Other (specify): _____		
Permit(s) Requested		
Quantity: _____	Permit type/facility: _____	
Quantity: _____	Permit type/facility: _____	
Quantity: _____	Permit type/facility: _____	
Vehicle Information (if applicable)		
Vehicle Year: _____	License Plate State & Number: _____	Make/Model/Color: _____ DU/DUMC#:
Vehicle Year: _____	License Plate State & Number: _____	Make/Model/Color: _____ DU/DUMC #
Payment Method		
<input type="checkbox"/> Check/Money Order # (Payable to Duke University): _____ <input type="checkbox"/> Credit/Debit Card (in-person payment required) <input type="checkbox"/> Fund Code/Cost Center: _____ (requires completion of form DPT-API and associated approval)		
Acceptance of Policies (read and sign)		
My signature below indicates that I will abide by Parking and Transportation Services (PTS) policies. I understand that PTS may immobilize and/or tow any vehicle parked in violation of these policies, and I agree to pay any citations issued. I understand that PTS may charge unpaid fines to the department I represent. As the contact person, I am responsible for permit use.		
Contact Signature: _____		Date: _____
Printed Name of Approver (if applicable): _____		
Signature of Approval (if applicable): _____		Date: _____