

# CCNY PARKING PERMIT APPLICATION

I ATTEST THAT THE FOLLOWING DOCUMENTS ARE CURRENT AND VALID:

- ① VEHICLE REGISTRATION(S)    ② INSURANCE CARD(S)    ③ MY DRIVERS LICENSE

X \_\_\_\_\_  
(PLEASE PRESENT YOUR VALID CCNY FACULTY OR STAFF ID CARD)

**PLEASE PRINT ALL INFORMATION**  
**CCNY DRIVERS INFORMATION**

NAME OF DRIVER

DEPARTMENT

TITLE

OFFICE PHONE

CELL PHONE

HOME PHONE

EMAIL

**VEHICLE 1 INFORMATION**

LICENSE PLATE

STATE

VEHICLE MAKE

MODEL

COLOR

YEAR

**VEHICLE 2 INFORMATION**

LICENSE PLATE

STATE

VEHICLE MAKE

MODEL

COLOR

YEAR

**FOR PUBLIC SAFETY USE ONLY**

PAYMENT AMOUNT

PERMIT NUMBER

DATE ISSUED

**PERMIT TYPE**

DAY     RES     EVE     TERR     MC     DISABLED

JAN     FEB     MAR     APR     MAY     JUN    202\_\_

JUL     AUG     SEP     OCT     NOV     DEC    202\_\_

ISSUED BY

COMMENTS