

SDCCD FACULTY/STAFF PARKING PERMIT APPLICATION

Please print clearly in ink. Return completed application to a location below, to DSC/Parking through District mail or e-mail to parking@sdccd.edu.

PERSONAL INFORMATION: Employee I.D. _____ Faculty Staff

Name: _____
LAST FIRST MI

WORK/CONTACT PHONE E-MAIL ADDRESS

VEHICLE INFORMATION: Auto Motorcycle

_____/_____
LICENSE PLATE STATE MAKE MODEL

_____/_____
LICENSE PLATE STATE MAKE MODEL

WORK LOCATION:
(Select ONE)

Your permit will be available for pick-up at the location checked below in 2 weeks.

Mesa Police Q100
 City Police V100
 Miramar Police T100
 Mid City North City
 West City
 Cesar Chavez
 ECC
 DSC/Facilities
 DSC/Parking Services
 District Office
 Room # _____

SDCCD STUDENT HOURLY EMPLOYEES ARE NOT ENTITLED TO STAFF PERMITS

TEMPORARY AND/OR NON-DISTRICT PERSONNEL: (semester permits only)

For the following Semester: Fall Spring Summer Intersession

NANCE, Intern or Volunteer for Program Name: _____

Vendor Company Name: _____

Non-District Employee/Independent Contractor (1 Year Permits)

Company Name: _____ Office # _____

APPROVAL SIGNATURE REQUIRED FOR ALL ABOVE PERSONNEL

Supervisor Signature: _____ Date: _____

Printed Name: _____ Supervisor Phone: _____

OFFICE USE ONLY:

I RECEIVED MY PERMIT ON (DATE): _____ EMPLOYEE SIGNATURE: _____

Identification furnished: CDL Other: _____ Police Employee Initials: _____

PERMIT #:	PERMIT TYPE:	ISSUED ON:	BY:	VALID THRU:
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