


Staff Processing Date	Top Line For Office Use Only:	Decal #	Permit/Keycard #	Assigned Lot	Expiration Date	Rate
	<h1>CARPOOL PARKING APPLICATION</h1>					
Staff Initials			<p>To Carpool Applicants: Fill in and print out this form. Original Signature needed. When submitting a Carpool Application, <u>each</u> applicant must submit <u>photocopies</u> of two forms of I.D. such as: a valid Driver's License, vehicle registration, current utility bill, or bank/credit card statement <i>dated within the last three months</i>. <u>All I.D.'s must have carpool applicant's name and matching address to application.</u> <u>Primary Permit Holder</u> information must be completed on the <u>front</u> of this form and the <u>member(s)</u> information on the <u>back</u> of this form. If you need clarification of these instructions, please call the Commute Option and Parking Section at (213) 978-1655.</p>			
	FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAYS.					
Employee ID Number	Application Date	Last Name		First Name		M.I.
	Employee ID Number	Current Permit/Keycard #		Current Lot# (if any)	Lot Requested	
M. I.	Department Name			Payroll Fund Number		
	Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number		
	Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number	
First Name	Home Address: Street Address, City, State and Zip (P.O. Box Address is not acceptable)					
	Round-Trip Miles Driven	Class Title			Continuous Service Date	
Side Line For Office Use Only: Last Name	List below the vehicle(s) you will be driving to work.					
	Vehicle(s)	Driver's Last Name, First Name		Vehicle License #	Make/Model	Year
	Car #1					
	Car #2					
	Car #3					
	Car #4					
	Car #5					
	Car #6					
Side Line For Office Use Only: Last Name	Note: You may only receive one transportation benefit. Failure to disclose any of the information below may result in disciplinary action.			YES	NO	
	Do you and/or any member of your carpool currently receive Transit Subsidy? If yes, list name(s)					Name(s)
	Are you and/or any member of your carpool currently members of a City-sponsored Vanpool? If yes, list name(s) and vanpool #:					Name(s) Vanpool #
	Do you and/or any member of your carpool currently possess any other type of parking permit? If yes, list name(s), permit # and type of permit:					Name(s) Permit #
	<p><small>*Pursuant to Federal Law PL 93-579, I understand that my Social Security Number is herein required based upon provisions of the City's payroll system operational prior to January 1, 1975 and applicable Federal Law.</small></p> <p>I hereby authorize the City of Los Angeles Commute Options & Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be in effect until 1) RELINQUISH MY PERMIT/KEYCARD AND 2) SUBMIT A NOTICE to stop the deduction. If, the amount of said fees are changed by the City, COPS is hereby authorized to change the deduction from my salary/wages accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program. As a Primary Permit/Keycard Holder of this carpool, I must abide by the rules issued by the COPS or my parking permit/keycard and all parking privileges may be revoked or suspended for a minimum of one year. I understand that I cannot be refunded for more than three months of parking fees.</p>					
Signature of Primary Permit Holder					Date	

CARPOOL MEMBERS (List all members other than the Primary Permit Holder)

Last Name		First Name		M.I.
Employee ID Number	Current Permit #		Current Lot# (if any)	Lot Requested
Department Name			Payroll Fund Number	
Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number	
Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number
Home Address: Street Address, City, State and Zip (No P O Box)				
Round-Trip Miles Driven From Home to Work	Class Title			Continuous Service Date

I hereby authorize the City of Los Angeles Commute Options & Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be in effect until I 1) RELINQUISH MY PERMIT/KEYCARD AND 2) SUBMIT A NOTICE to stop the deduction. If, the amount of said fees are changed by the City, COPS is hereby authorized to change the deduction from my salary/wages accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program. As a Carpool Member of this carpool, I must abide by the rules issued by the COPS or my parking permit/keycard and all parking privileges may be revoked or suspended for a minimum of one year. I understand that I cannot be refunded for more than three months of parking fees.

Carpool Member Signature	Date
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Last Name		First Name		M.I.
Employee ID Number	Current Permit #		Current Lot# (if any)	Lot Requested
Department Name			Payroll Fund Number	
Work Shift (4/10, 5/40 9/80, etc)	Start Time	End Time	Driver's License Number	
Work Address: Building Name or Street Address		Room Number	Mail Stop	Work Telephone Number
Home Address: Street Address, City, State and Zip (No P O Box)				
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Carpool Member Signature	Date
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DESCRIBE YOUR CARPOOL ROUTE (e.g. streets/freeways driven, and which person picks up the other).

OFFICE USE ONLY		
Staff Initials	Date	Comments

The Commute Options and Parking Section MUST be notified if any member is placed on any type of leave of absence (e.g. personal, family, maternity or I.O.D.) or changes to Carpool Membership (e.g. a member retiring or leaving City service).