



CHANGE FORM

FAILURE TO COMPLETE ALL APPLICABLE ITEMS WILL RESULT IN PROCESSING DELAYS. (Fill in and print out this form.)

Permit **CARPOOL**
 Type **INDIVIDUAL**

For questions, please call the Commute Options & Parking Section at (213) 978-1655.

ICTS Updated	PRIMARY PERMIT HOLDER		Last Name	First Name	M.I.	Social Security Number *
	PERSON REQUESTING CHANGE(S)		Last Name	First Name	M.I.	Social Security Number *
Social Security Number	A. LOT CHANGE					
	Current Lot	Current Permit #	Decal #	Office Use Only		
	New Lot	New Permit #	Decal #			
	B. WORKSITE OR TELEPHONE NUMBER CHANGE					
M. I.	Name of Old Department		Name of New Department			
	New Payroll Fund Number		New Work Address: Building Name or Street Address			Room Number
First Name	Mail Stop #	Start Time	End Time	New Work Telephone Number	Effective Date	
	C. ADD/DELETE VEHICLE(S)					
	Add/Delete	Driver's Last Name, First Name		Social Security #*	Vehicle License #	Make/Model Year
For Office Use Only: Last Name	D. HOME ADDRESS CHANGE (Carpooler's Only) - Requires 2 Proofs of New Address **					
	Old Home Address, City, State and Zip					
	New Home Address, City, State and Zip (P.O. Box Address is not acceptable)					
Effective Date						
E. DELETE CARPOOL MEMBER - If ADDING, please complete reverse side.						
Carpool Member's Last Name, First Name			Social Security Number		Effective Date	
<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><small>I understand that the Commute Options and Parking Section MUST be notified of any changes in the information provided on this form. If notification is not received, the permit may be revoked.</small></p>			<p>All persons involved have been notified of the changes on this form.</p> <p>Signature of Person Making Changes on this Form.</p>			Date

**** Two Proofs of Address MUST be attached for new carpool member(s) and one for the current member(s).**

**TWO PROOFS OF CURRENT ADDRESS *MUST* BE ATTACHED FOR NEW CARPOOL MEMBER(S)
AND ONE FOR THE CURRENT MEMBER(S).**

Social Security Number*	Last Name	First Name	M.I.	Verified by:	
Home Address, City, State and Zip (P.O. Box Address is not acceptable)			Driver's License No.		
Work Address: Building Name or Street Address		Mail Stop #	Work Telephone Number		
Work Shift (4/10,5/40,9/80, etc)	Start Time	End Time	Department Name		Fund Number
Class Title		Continuous Service Date	Effective Date		

Social Security Number*	Last Name	First Name	M.I.	Verified by:	
Home Address, City, State and Zip (P.O. Box Address is not acceptable)			Driver's License No.		
Work Address: Building Name or Street Address		Mail Stop #	Work Telephone Number		
Work Shift (4/10,5/40,9/80, etc)	Start Time	End Time	Department Name		Fund Number
Class Title		Continuous Service Date	Effective Date		

Describe your carpool route (e.g. streets/freeways driven, and which person picks up the other).

I have received a copy of the Carpool Parking Rules. I understand that my parking privileges may be suspended for a minimum of one year if I fail to follow these rules, or if I fail to inform the Commute Options and Parking Section of any changes regarding:

- | | |
|--|---|
| a. Work Location (includes transfers to DWP) | d. Vehicle(s) (added or deleted) |
| b. Work Schedule | e. License Plate Number or, |
| c. Work Telephone Number | f. Status of Carpool Membership such as added or deleted member(s), member(s) placed on any type of leave of absence (e.g. personal, family, maternity or I.O.D.) |

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____