

**REMOTE SHUTTLE PARKING PERMIT APPLICATION**  
**UNIVERSITY OF COLORADO PARKING AND TRANSPORTATION SERVICES (PTS)**

1050 Regent Drive, 502 UCB, Boulder, CO 80309-0502  
 (303) 492-7384 Fax: (303) 492-6116 Website: <http://www.colorado.edu/pts/>

**TO BE COMPLETED BY THE APPLICANT:**

Employee ID (PeopleSoft) \_\_\_\_\_  
 Name (Last, First, Middle Initial) \_\_\_\_\_  
 Dept. \_\_\_\_\_ Bldg. \_\_\_\_\_  
 Local Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Local/Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Vehicle Information - Please use PTS codes**

	<u>State</u>	<u>License Plate #</u>	<u>Month &amp; Year of Expiration</u>	<u>Make</u>	<u>Body Style</u>	<u>Color</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

**TO BE COMPLETED BY THE PARKING LIAISON:**

Primary Work Location: \_\_\_\_\_  
 Verified by  Director,  Chair or  PTS Liaison,  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**IMPORTANT NOTICE REGARDING CANCELLATIONS!**

Please notify PTS before the 10<sup>th</sup> day of the month in which your cancellation is to be effective to ensure a timely stop of your payroll deduction. Return your permit to PTS with a request to cancel. (If you retain possession of a valid parking permit, PTS will continue to charge you for its potential use.) Please remember that your permit is not transferable to another person without PTS approval and must be registered to all vehicles in which it is displayed. You must comply with applicable state laws, municipal ordinances and CU-Boulder *Parking and Traffic Regulations* when operating vehicles on campus.

**By my signature below, I authorize Parking and Transportation Services to deduct the appropriate parking fee from my salary each month in payment of parking fees. I also verify that my primary work location, listed above, is correct. I understand that if my primary work location changes, I may not be eligible to retain this remote shuttle permit. I agree to notify PTS upon any change in my primary work location and return this permit if requested.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Customer UID \_\_\_\_\_ RDN \_\_\_\_\_ Permit Type:  Faculty/Staff  Disability  Motorcycle  PPM  Carpool

Permit # \_\_\_\_\_ Lot # \_\_\_\_\_ Paid Via \_\_\_\_\_ Check Number \_\_\_\_\_ IN number \_\_\_\_\_

Issued/Released By \_\_\_\_\_ Issue Date \_\_\_\_\_ Valid \_\_\_\_\_ Expiration Date \_\_\_\_\_ Gate Card # \_\_\_\_\_

Payment Plan Set Up By \_\_\_\_\_ Entered Date \_\_\_\_\_ Permit Fee \_\_\_\_\_ 1-time deduct \_\_\_\_\_ ( \_\_\_\_\_ /wk)

Permit # Exchanged/Cancelled/Lost/Stolen \_\_\_\_\_ Date \_\_\_\_\_ Total Amount Due \_\_\_\_\_ Until \_\_\_\_\_

Permit Type Prefix \_\_\_\_\_ Control Group \_\_\_\_\_ Payroll Code \_\_\_\_\_ Special Access \_\_\_\_\_

Comments: \_\_\_\_\_