

Carpool Parking Permit Application

Please read before filling out application

A carpool is defined as a group of two or more persons who ride to OSU-Cascades together; all persons in the carpool must be associated with the University in some manner (faculty/staff/student). A carpool will be issued a single digital permit which will be transferable among all carpool members, but only one car under this permit will be allowed in the lot at a time. A carpool parking permit will allow members to park in any designated carpool space at the 1500 Chandler Avenue campus and any unmarked space at other OSU-Cascades owned lots. The primary applicant must provide a statement of explanation as to how all members' home addresses and work or class schedules correlate to create an effective carpool. Student applicants must provide class schedules to demonstrate that they will be attending classes at the same date/time as the other carpool members.

Primary Applicant

() Faculty/Staff () Student () Other _____
 Last Name _____ First _____
 OSU-C ID _____ Home/Cell # _____
 Email Address _____
 Home Address _____
 Apt _____ City _____ State _____ Zip _____
 Code _____ License Plate _____ State _____ Color _____
 Make _____ Model _____ Year _____

Permit Valid During Academic Term

() Fall 2021 () Winter 2021 () Spring 2022 () Summer 2022

Statement of Explanation - how are you going to make carpooling work for you?

Applicant Signature _____ Date _____

By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I verify that the information I entered on this form is true and correct.

Office Use Only Approved Date _____ Reviewer Initial _____

Carpool Parking Permit Application

Carpool Member #2

Faculty/Staff Student Other _____
 Last Name _____ First Name _____
 OSU-C ID _____ Home/Cell # _____
 Email Address _____
 Home Address _____ Apt _____
 City _____ State _____ Zip Code _____
 License Plate _____ State _____ Color _____ Make _____ Model _____ Year _____

Applicant Signature _____ Date _____

By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I verify that the information I entered on this form is true and correct.

Carpool Member #3

Faculty/Staff Student Other _____
 Last Name _____ First Name _____
 OSU-C ID _____ Home/Cell # _____
 Email _____
 Address _____ Home Address _____ Apt _____
 City _____ State _____ Zip Code _____
 License Plate _____ State _____ Color _____ Make _____ Model _____ Year _____

Applicant Signature _____ Date _____

By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I verify that the information I entered on this form is true and correct.

Office Use Only

Permit 1 _____	Expire Decal _____	Expiration Date _____	Type _____
Permit 2 _____	Expire Decal _____	Expiration Date _____	Type _____
Permit 3 _____	Expire Decal _____	Expiration Date _____	Type _____