

**UNC-Health Care
Employee Parking Permit Application**

PID: _____
 Name: _____
 Employee Status: (Circle all that apply)
 Permanent Temporary Full-Time Part-Time Disabled Post Doc/Fellow
 Department Name: _____
 Department Number: _____
 Work Schedule: _____ (days/hours)
 Permit Zone Requested: List in order of preference.
 1. _____ 2. _____ 3. _____
 Registered Vehicles

Plate #	State	Make	Year	Color

Payment Method: (Circle one)
 Cash Check/MO Visa/MC Payroll Deduction
 Deduct Permit With Pre-Tax Status: (Circle one) Yes No

Signature on this card certifies that I have indicated my preference of pre-tax status and that all information on this application is correct. I accept responsibility for any UNC-CH violations that may occur with the vehicles associated with this registration. The Department of Public Safety reserves the right to operate according to The Ordinance Regulating Traffic and Parking on the Campus of the University of North Carolina at Chapel Hill. Terminating hospital employees and employees changing from permanent to temporary status must return parking permits to the hospital parking office.
 Signature _____ Date _____

CAP Registrants Only

Circle only one answer for each question below:

Are you currently a CAP participant? Yes No
 Did you have a UNC Parking Permit last year? Yes No
 How did you hear about CAP?
 Brochure Co-Worker Orientation Parking Coordinator
 DTH Ad Article Other _____
 What is your primary mode of travel to the UNC campus?
 • Park & Ride (take bus from park & ride lot)
 Bible Church Carrboro Pl Chatham Eubanks
 Franklin Friday Center Hedrick Hwy 54
 Jones Ferry Southern Village Sheps Center
 • Bus (take bus from on street bus stop)
 CHT TTA Orange Co Transit Robertson Scholars
 • Other Modes of Commuting
 Walk Carpool Bicycle TTA Vanpool PART Vanpool

Check this box if you do not want to be on the CAP listserv to receive program information and transportation updates

Permit Assignment

Zone _____
 Type: Reg AM/PM NR/SR DIS
 CAP DZ PMALG
 Waiting List Assignment: _____
 Total State Service Date: _____

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