

UNC Health Care
Per-Diem Parking Application

Last Four Digits of SS: _____

PID: _____

Name: _____

Dept Name: _____

Dept Number: _____

Address/Street _____

City: _____ State: ____ Zip: _____

Registered Vehicles

Plate #	State	Make	Year	Color

CAP Survey

Student Emergency Ride Back Info: I care for DEPENDENT

Child(ren) Elderly Family Member Spouse

Did you have a UNC Parking Permit last year? Yes No

How will you travel to the UNC campus? Check all that apply:

▪ **Park & Ride (take bus from park & ride lot)**

Carrboro Pl Chatham Eubanks Franklin Friday Ctr

Hedrick Hwy 54 Jones Ferry P Lot Southern Vill

Chapel Hill Transit (CHT) Triangle Transit Authority(TTA)

▪ **Bus (take bus from on street bus stop)**

CHT TTA Orange Co Transit Robertson Scholars

Signature on this card certifies 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 hospital parking office.

Signature _____

Date _____

For Parking Office Use only

HCAP P&R _____

Form must be completed in full before permit is assigned

TRAVELER NURSE PARKING APPLICATION

2006/2007

Contract End Date: _____

Last Four Digits of SS: _____

PID: _____

Name: _____

Department Name: _____

Department Number: _____

Work Phone Number: _____

Home Address: _____

Registered Vehicles

Plate #	State	Make	Year	Color

CAP SURVEY

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CHT TTA Orange Co Transit Robertson Scholars

▪ Walk Carpool Bicycle Vanpool (TTA-Employ Only)

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