

UCLA Parking Services  
Blue Permit & X Permit Request Form

***Please read instructions on the reverse side before completing this form.***

*Please print or type. Incomplete information may delay request process.*

**SECTION A**

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Last First M.I.

Department FS Number: \_\_\_\_\_ Current Parking Permit Type: \_\_\_\_\_

Payroll Title: \_\_\_\_\_ Working Title: \_\_\_\_\_

Request for:

☐ Blue Permit (Mobility), area: \_\_\_\_\_

☐ X Permit (Preferred), Primary area: \_\_\_\_\_

If your payroll title falls into one of the following categories and you are requesting a Blue permit, please check the appropriate box and skip down to and complete only Section C of this form. If you are requesting an X, ABL or EBL, please complete the entire form. All X, A and E requests **must** be signed by the Department Head.

☐ Ladder Rank Faculty (Tenure Track - Assistant, Associate or Full Professor)

☐ Executive Program

**SECTION B**

***Due to the limited space on campus, Blue/X request forms must clearly indicate a need for high-level mobility necessary to perform your assigned job duties.***

Justification for request: (Please provide a detailed explanation. If additional space is required, please attach a separate sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the number of times that you will need mobility on a *weekly* basis and the destination(s) to which you will need to travel:

1) Destination _____	Parking Area _____	Number of trips per week _____
2) Destination _____	Parking Area _____	Number of trips per week _____
3) Destination _____	Parking Area _____	Number of trips per week _____
4) Destination _____	Parking Area _____	Number of trips per week _____

**SECTION C**

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parking Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Parking Coordinator's Email address: \_\_\_\_\_ Ext: \_\_\_\_\_

**SECTION D – Departmental Approval/Verification**

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
*Must be different than Requester*

Authorized signature from Chancellor's Office required for Lot A access: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature from Parking Program Manager required for Lot E access: \_\_\_\_\_ Date: \_\_\_\_\_

Parking Services Use Only

☐ Approved Authorized By \_\_\_\_\_ Date: \_\_\_\_\_

☐ Denied

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

\_\_\_\_\_  
\_\_\_\_\_

# Instructions for completing the Blue Permit & X Permit Request Form

## ***X (Preferred) Permits***

This permit is designed to serve the high mobility needs of faculty and staff that are required, by their position, to move frequently from one area of campus to another and/or who require access to Parking Lot A or Lot E. Advanced approval is required before an X permit can be issued. A *Blue/X Parking Request Form* must accompany an application for an X permit. A clear and detailed written explanation must be provided to justify frequent mobility needs from one area of campus to another.

## ***Blue (Mobility) Permits***

This permit is designed to serve the mobility needs of faculty and staff that are required, by their position, to move frequently from one area of campus to another. Advanced approval is required before a Blue permit can be issued. A *Blue/X Parking Request Form* must accompany applications for a Blue permit. A clear and detailed written explanation must be provided to justify frequent mobility needs from one area of campus to another. *Note: Ladder rank faculty is automatically eligible for a Blue permit.*

## **Instructions:**

### **SECTION A**

1. This section must be filled out completely. Incomplete information may unnecessarily delay the review process.
2. All Blue permit requesters whose payroll title falls into one of the following payroll titles, skip down and complete only section C: This group of employees will automatically qualify for a blue permit as mobility is assumed as a requirement of the job. \* Ladder Rank Faculty (Assistant, Associate, or Full Professor), Executive Program.
3. All X, ABL and EBL permit requester's must complete Section B.

### **SECTION B**

1. Provide a complete detailed written justification explaining mobility needs.
2. Indicate what your weekly travel destination(s) are in the section provided.

### **SECTION C**

1. Requester's signature is required on all requests.
2. Departmental Parking Coordinator signature and email address is required on all requests.

### **SECTION D**

1. Departmental Department Head signature is required on all requests except for the blue request that automatically qualify for blue, which is indicated in section A.

**Note:** an authorized signature from the Chancellor's office is required for Lot ABL permit requests or if requesting an X permit requiring access into Lot A. An authorized signature from the Parking Program Manager is required for Lot EBL permit requests or if requesting an X permit and affiliated with the medical field.

## **Once the form is complete please:**

FAX the completed, signed form to (310) 267-1802.

Note: Review and processing requires three (3) working days.

An approval/denial notification will be sent to the Departmental Parking Coordinator at the email address provided on the front side of this application. If approved, proper documentation (*Parking Application*, a form of payment and the original *Blue Permit & X Permit Request Form*) must be submitted along with a copy of the email notification from Parking Services for issuance of the new permit.

If the request is for a transfer from any permit type to a Blue or X permit, the *Blue Permit & X Permit Request Form* must be submitted as stated above. However, upon approval, *Transaction and Update Form* replaces the *Parking Application* and the existing permit and access card must be returned before new ones can be issued. A transfer fee applies.

All approvals are valid for 30 days.