



2016-2017 Transaction & Update Form

Please submit this completed application with your payment to Parking Services, 555 Westwood Plaza. Mail Code: 136008. 310-206-3884. Thank you.

Permit Holder's Information

Date _____

Dept. Name _____ FS# _____

UID # _____

Last Name _____

First Name _____ MI _____

- Check the appropriate box: 1 ☐ **Decal/Prox Card Replacement**
2 ☐ **Area/Permit Type Transfer**
3 ☐ **Department Transfer Only**
(No change in area assignment)

1. Decal/Prox Card Replacement

Decal Replacement

Area _____ Period _____

L/S or Exchanged Decal # _____ L/S Report # _____

Prox Card Replacement

L/S or Exchanged Prox Card # _____

2. Area/Permit Type Transfer

Note: if changing a parking permit TYPE (e.g., Yellow to Blue, Blue to X, Yellow to Carpool) additional forms must be submitted to Parking Services.

From FS# _____ To FS# _____

Effective Date _____

From Area/Permit Type _____ To Area/Permit Type _____ Permit Period _____

Disabled Placard #/Exp. Date _____

Required if requesting a disabled permit. Must submit copy of registration.

Authorized Parking Coordinator Signature _____ Date _____ Phone Extension _____

X

3. Dept. Transfer Only

No change in parking area assignment

From FS# _____ To FS# _____

Effective Date _____ Period _____

Permit Type _____

Authorized Parking Coordinator Signature _____ Date _____ Phone Extension _____

X

Payment Information

Please check payment type below:

☐ **Cash**

Do not mail cash.
In-person cash
transactions only.

☐ **Check**

Make payable to
UC Regents and
attach to form.

☐ **Payroll***

Deduction

Attach Payroll Deduction form if
not currently paying via payroll
deduction.

☐ **Credit Card** In order to protect our customer's information, credit card payments must be processed in person by the credit card owner and must be processed in the Parking Services Office. We are located on campus at 555 Westwood Plaza at the corner of Westwood Plaza and Strathmore.

***Payroll deduction eligibility:** — **Annual:** Non-student employees must be employed with the University at least 40% time with a minimum 9 month appointment from the date permit is issued. **Quarterly:** Non-student employees must be employed with the University at least 40% time, with an appointment for the duration of permit. Graduate Student Employees (RA, TA, Resident Intern, Fellow, Trainee only) must be employed with the University at least 40% time.

For Office Use Only

CSR: _____

Date: _____

Decal(s) # Ret: _____

Prox Card # Ret: _____

Decal(s) # Issued: _____

Prox Card(s) # Issued: _____

Item(s) Received by: _____

X

Date _____

Privacy Notice

1. The principle purpose for requesting the information on this form is to issue a parking permit in accordance with parking regulations.
2. This information is solicited in accordance with the University policy adopted pursuant to Article IX, Section 9 of the California Constitution and is in accordance with the California Vehicle Code 21113a.
3. Furnishing each item of the information requested on this form is mandatory (except where noted on the form). Failure to provide the requested information will delay or may prevent completion of the parking permit application process.
4. Information furnished on this form may be used by various University departments as required in the regular course of business and may be transmitted to State or Federal Government agencies as required by law.
5. The official responsible for maintaining the information provided on this form is the UCLA Parking Administrator, 555 Westwood Plaza, Mailcode: 136008.