

**UNC Health Care**

Employee Parking Permit Application

**Registered Vehicles**

**PID:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**Employee Status:** (Circle all that apply)  
Permanent Temporary Full-Time Part-Time  
Disabled Post Doc/Fellow

**Department Name:** \_\_\_\_\_  
**Department Number:** \_\_\_\_\_  
**Work Phone Number:** \_\_\_\_\_  
**Work Schedule:** \_\_\_\_\_ (days/hours)  
**Permit Zone Requested:** List in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Plate #	State	Make	Year	Color

**Payment Method:** (Circle one)  
Cash CK/MO MC/Visa Payroll Deduction

**Deduct Permit With Pre-Tax Status:** \_\_\_ Yes \_\_\_ No

**CAP Registrants Only**

**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  
 ▪  Walk  Carpool  Bicycle  Vanpool (TTA-Employ Only)

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 hospital parking office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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