

PARKING PERMIT APPLICATION/UPDATE

- Initial Registration
- Update
- Need a Decal

INSTRUCTIONS: SEE REVERSE SIDE

Print Name: Last		First			MI	
Address: (Street Name and Number) Apt. #.					Driver Lic. ID No	
City		State		Zip Code		Bargaining Unit
Agency			Agency Code		Lot Assignment/Permit	
Work Address:			Work Phone No.:		E-mail Address:	
PRIMARY PLATE NUMBER		ALTERNATE	ALTERNATE	ALTERNATE	ALTERNATE	ALTERNATE
Will you be participating in a Car Pool? <input type="checkbox"/> No <input type="checkbox"/> Yes (See Instructions before Checking Box)						
Name of Car Pool Member		Work Phone No		Agency		Motor Vehicle ID No.
Home Address:				Email Address:		
Plate Number		Plate Number		Plate Number		Bargaining Unit:
Name of Car Pool Member		Work Phone No.		Agency		Motor Vehicle ID No
Home Address:				Email Address:		
Plate Number		Plate Number		Plate Number		Bargaining Unit:
Name of Car Pool Member		Work Phone No.		Agency		Motor Vehicle ID No.
Home Address:				Email Address:		
Plate Number		Plate Number		Plate Number		Bargaining Unit:
<input type="checkbox"/> Lot Assignment Changes From: To:						
I certify that the information provided is correct and true. Employee Signature						Date:
FOR OGS BUREAU OF PARKING MANAGEMENT USE ONLY						
Permit No.				Lot		
Effective Date				Deduction Amount		

DISTRIBUTION:

WHITE – BUREAU OF PARKING MANAGEMENT

YELLOW – APPLICANT

**INSTRUCTIONS FOR COMPLETING
PARKING PERMIT APPLICATION FORM CS – 762**

Name Complete this section exactly as your name appears on your Paycheck: Last name, first name, middle initial. Enter 9 digit Motor vehicle identification number.

Bargaining Unit Enter Bargaining Unit Representation (i.e: OBU, M/C, LGE, BUE)

Agency Enter Agency where you are employed.

Agency Code Enter Agency code number as it appears on your paycheck stub.

Lot Assignment Enter your approved parking location.

Plate Numbers Enter plate numbers of vehicles that will be eligible to park.

Work Mailing Address Enter your mailing address phone number and zip code.

E-Mail Address Home or Work

Home Address Enter your home mailing address.

Car Pools If you will be participating in a car pool, check Yes and complete The information listing the names of all car pool members, the agency where they are employed, their plate number(s), and work telephone number. Valid car pools consist of two or more persons including the permit holder who share a vehicle to and from work. Car pool members must live in the same general location or along the same route to work.

Lot Assignment Change If your lot assignment has changed, check this box and enter change. If your payroll deduction fee changes, you must also submit a new Payroll Deduction Authorization form (CS-783).

Employee Signature Sign your name in full, as it appears on your paycheck.

Date Enter Date

NOTE: Include form CS-783, Authorization Request, with your application. These forms are available from Bureau of Parking Management, Concourse Level, Room 130, Empire State Plaza, Albany, NY 12242, your agency parking coordinator, or online at www.ogs.ny.gov/BU/BA/Parking.