Mail-in Renewal For Carpool Permits

NIH Parking Office

Building 31, Room B3B04 Fax number: 301-480-0854 Phone number: 301-496-5050

Instructions:

- 1. Use this form to renew your NIH parking permit. Your parking permit will be mailed to your home address.
- 2. Complete all items on this form. **INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED**.
- 3. Use this page for one carpool member's information and the Continuation Page(s) for all others. Submit all pages at the same time.
- 4. Send the form to the Parking Office.
- 5. The form must be received by the Parking Office **AT LEAST 10 DAYS** before the expiration date of your current parking permit.

EMPLOYEE #1:	the expiration date of your	carrent parking permit.				
	ame (Last, First, Middle Initial)	2. Institute or Center				
3. NIH Identificat	ion Number 4. '	1)	5. Work Phone Number			
6. Home Address	s: Street address		Apartment No. (if any)			
City				State	Zip Code	
<u>Year</u> 1 2 3	ation (for up to three vehicles) Make AND CERTIFICATION	<u>Model</u>	Lic	cense Plate N	Number	State
Any person who application may	knowingly makes a false represe be subject to a criminal prosecu or imprisonment, or both, pursua	ition potentially privileges, pu			uding the revocat pter 75 and 5 C.I	
Applicant's Signa	ature		Date			
rizes collection o mation is by the N but may also be facilities. Additio	ement 20.104 of the Code of Federal Regular this information. The primary us all Parking Office in issuing NIH Parking Office in issuing NIH Parking allocation of the information of th	se of this infor- arking Permits, violation or of NIH parking the information on may be to: the information	t agency possible v on on this f	when your a iolation of citer form is volunt	Federal, State agency become vil or criminal la ary; however, fail t in disapproval c	s aware of a w. Furnishing ure to provide
	FC	OR PARKING OFFICE USE O	NLY			
Processed by				Date		

Mail-in Renewal For Carpool Permits—Continuation Page

EMPLOYEE #_										
1. Employee's Name (Last, First, Middle Initial)							2. Institute or Center			
3. NIH Identifica	NIH Identification Number 4. Work Address (building and room)					5. Work Phone Number				
6. Home Address: Street address							Apartment No. (if any)			
City							Zip Code	Zip Code		
7. Vehicle Inform Year 1		<u>ake</u>		<u>Model</u>	<u>Li</u>	cense Plate Number S		<u>State</u>		
3										
Any person who application may	E AND CERTIFIC to knowingly make to be subject to a the or imprisonmen	es a false rep criminal pros	secut	tion potentially privileges, pu			luding the revoca apter 75 and 5 C			
Applicant's Signature						Date				
1. Employee's N	Name (Last, First,	Middle Initial	<i>'</i>)			2. Institute	or Center			
3. NIH Identifica	ation Number		4. V	Vork Address (building and room))	5. Work Phone Number				
6. Home Address: Street address						Apartment No. (if any)				
City						State	Zip Code			
<u>Year</u> 1	formation (for up to three vehicles) Make		;)	<u>Model</u>	<u>Li</u>	License Plate Number		<u>State</u>		
3										
Any person who application may	E AND CERTIFIC to knowingly make to be subject to a the or imprisonmen	es a false rep criminal pros	secut	tion potentially privileges, pu			luding the revoca apter 75 and 5 C			
Applicant's Signature						Date				