



NIH Campus Contractor Parking Application

Employee Transportation Office | Bldg. 31, Room 1A11 | Ph: 301-496-5050 |

Email: nihparkingoffice@ors.od.nih.gov | Fax: 301-480-0854

Circle One: **New Enrollment** **Annual Renewal** **Lost/Stolen**

NIH ID _ _ _ - _ _ _ - _ _ _

Name (Last, First, Middle Initial) NIH IC

Home Address Apt. No.

City State Zip

Work Address Room #

City State Zip

Any person who knowingly makes a false representation on this application may be subject to a criminal prosecution potentially resulting in a fine or imprisonment, or both, pursuant to 18 U.S.C. 1001, and to disciplinary actions, including the revocation of parking privileges, pursuant to 5 U.S.C. Chapter 75 and 5 C.F.R. Part 752.

Registered vehicle(s) must be under employees' name. Up to 3 vehicles can be listed.

VEHICLE INFORMATION

MAKE	MODEL/YEAR	LICENSE PLATE & STATE REGISTERED
Example: HONDA	CIVIC - 2000	XYZ123 - MD

EMPLOYEE SIGNATURE DATE (MM/DD/YY)

For Transportation Office Staff Use Only:

NIH HANGER NUMBER DATE (MM/DD/YY)

NOTATIONS STAFF INITIALS