



Commuter Transit
and Parking Services

Commuter Transit and Parking Services
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PARKING APPLICATION FORM

| | | | | |
|---|--------------------|-----------------|----------|----------|
| LAST NAME | | FIRST NAME | | |
| EMPLOYEE | EMPLOYEE ID # | ADDRESS | | |
| VISITOR | DRIVER'S LICENSE # | CITY | STATE | ZIP |
| STUDENT <small>(IF APPLICABLE)</small> | RUID # | SCHOOL | COMMUTER | RESIDENT |
| CONTACT NUMBER: | | EMAIL ADDRESS: | | |
| SIGNATURE: | | DATE COMPLETED: | | |

VEHICLE INFORMATION

**PHOTOCOPY OF STATE MOTOR VEHICLE REGISTRATION AND DRIVER'S LICENSE
MUST ACCOMPANY THIS FORM**

PLEASE NOTE:

- The State Motor Vehicle registration must have the same last name or address as on your driver's license.
If not, please contact CTPS office for the Assumption of Liability form.
- Additional vehicles require a registration fee.
- For leased cars please provide a copy of the insurance card and State Motor Vehicle registration.
- Missing or incomplete information will delay permit issuance.
- Form must be signed and completed by applicant and the authorizing department.

To be completed by Authorizing Department:

| | |
|--|---|
| DEPARTMENT NAME | EMPLOYEE ID: |
| CONTACT NAME | ANNUAL SALARY: <small>(FOR TYPE 1, 3, & 6 ONLY)</small> |
| CONTACT PHONE NUMBER | IPO #: |
| CONTACT EMAIL | DAYTIME ACCESS* <small>(*MUST BE ON DEPARTEMENT'S PARKING ALLOCATION LIST)</small> |
| EMPLOYEE TYPE: | EVENING ONLY <small>(PARKING ACCESS FROM 3:00PM)</small> |
| T-1 T-3 T-4 T-6 T-7 T-8 T-9 OTHERS: _____ | START DATE: |
| 30 DAY PARKING PASS # _____ ISSUED ON: _____ | END DATE: <small>(BASED ON APPROVED CONTRACT, IF APPLICABLE)</small> |
| SIGNATURE: | DATE COMPLETED: |

FOR CTPS ONLY:

| | |
|-----------------------|----------------------------|
| RECEIVED: _____ | CASHIER: _____ |
| RECEIVED BY: _____ | PERMIT NUMBER: _____ |
| PAYMENT METHOD: _____ | DATE COMPLETED: _____ |
| APPROVED BY: _____ | NOTIFIED BY: _____ |
| DATE: _____ | DATE: _____ |
| | NOTIFICATION METHOD: _____ |