

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:

1. Employee's Name (<i>Last, First, Middle Initial</i>)		2. Institute or Center	
3. NIH Identification Number 	4. Work Address (<i>building and room</i>)		5. Work Phone Number
6. Home Address: Street address		Apartment No. (if any)	
City		State	Zip Code

7. Vehicle Information (<i>for up to three vehicles</i>)				
<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>License Plate Number</i>	<i>State</i>
1				
2				
3				

8. SIGNATURE AND CERTIFICATION

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.

Applicant's Signature	Date
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Privacy Act Statement

41 Section 101-20.104 of the Code of Federal Regulations authorizes collection of this information. The primary use of this information is by the NIH Parking Office in issuing NIH Parking Permits, but may also be used in determining allocation of NIH parking facilities. Additional disclosures of the information may be to: operating officials in carrying out their parking and transportation

responsibilities at NIH; and to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is voluntary; however, failure to provide the information requested will result in disapproval of the request.

FOR PARKING OFFICE USE ONLY

Processed by	Date
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Mail-in Renewal For Carpool Permits—Continuation Page

EMPLOYEE # _____

1. Employee's Name (<i>Last, First, Middle Initial</i>)			2. Institute or Center												
3. NIH Identification Number <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>													4. Work Address (<i>building and room</i>)		5. Work Phone Number
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City				State	Zip Code										
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