## **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 Na	ame (Last, First, Middle Initia	2. Institute or Center					
3. NIH Identificati	ion Number	)	5. Work Phone Number				
6. Home Address	s: Street address		Apartment No. (if any)				
City			State	Zip Code			
7. Vehicle Inform	ation (for up to three vehicle	s)					
<u>Year</u> 1	<u>Make</u>		<u>Model</u>	ž	<u>License Plate Number</u> <u>Sta</u>		
2							
3							
Any person who application may	AND CERTIFICATION knowingly makes a false re be subject to a criminal pro or imprisonment, or both, pu			ding the revoca er 75 and 5 C.F			
Privacy Act Stat	tement						
41 Section 101-2 rizes collection o mation is by the N but may also be facilities. Addition	0.104 of the Code of Federa f this information. The prima NIH Parking Office in issuing le used in determining allocated in disclosures of the information in carrying out their parking a	agency possible von on this	NIH; and to a Federal, State or local law y when your agency becomes aware of a e violation of civil or criminal law. Furnishing is form is voluntary; however, failure to provide ested will result in disapproval of the request.				
		FO	R PARKING OFFICE USE O	NLY			
Processed by			Date				
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## **Mail-in Renewal For Carpool Permits**—Continuation Page

EMPLO	YEE #												
1. Employee's Name (Last, First, Middle Initial)								2. Institute or Center					
3. NIH	Identific	ation	Numbe	er				4. \	Work Address (building and room)	)	5. Work Pho	ne Number	
								4. Work Address (building and room)					
6. Home Address: Street address										Apartment No. (if any)			
City										State	State Zip Code		
7. Vehi	cle Infor	matio	on <i>(for i</i>	up to	three	e veh	icles	)					
1	<u>Year</u> <u>Make</u>					<u>Model</u>		License Plate Number S		<u>State</u>			
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3													
Any pe applica	tion ma	no kn y be	owingly	mal t to	kes a a crii	fals mina	e rep I pro	secu				ding the revoca ter 75 and 5 C.I	
Applicant's Signature									Date				
EMDI C	YEE#												
-	loyee's		e (Last,	Firs	t, Mic	idle I	nitial	)			2. Institute of	Center	
3. NIH Identification Number 4. Work Address (building and room)							)	5. Work Phone Number					
6. Home Address: Street address									Apartment No. (if any)				
City									State	Zip Code			
7. Vehi	cle Infor	matio	on <i>(for i</i>	up to	three	e veh	icles	)					
	<u>Year</u>		<u>Make</u>					<u>Model</u>		License Plate Number		<u>State</u>	
<u>1</u> 2													
3													
Any pe	tion ma	o kn y be	owingly subjec	/ mal	kes a a crir	fals minal	e rep	secu				ding the revoca ter 75 and 5 C.I	
Applicant's Signature									Date				

NIH 2788-3 (12/13)