

**UNIVERSITY OF ALABAMA
VISITOR/VENDOR PARKING REGISTRATION
(PLEASE PRINT)**

Permit Number _____
Receipt Number _____
Issue Date _____
Expiration Date _____
Approved By _____
OFFICE USE ONLY

Name _____
(Last) (First)

Driver's License Number or Campus Wide ID _____

Mailing Address _____

City, State _____ Zip Code _____

Phone Number _____

Company Name (if applicable) _____

Project Manager (if applicable) _____

Area Requested _____

Purpose of Visit _____

Vehicle Information

_____ License Plate # State	_____ License Plate # (2) State
_____ Make Model	_____ Make Model
_____ Color	_____ Color

I certify that the above information is correct and that I am not a student or faculty/staff of The University of Alabama. I certify that I am not employed by another entity on the Campus of the University. I am aware that this parking permit may not be used by a student or faculty/staff of the University. I understand that improper use of this parking permit on any vehicle may result in the vehicle being cited and/or impounded. I accept full responsibility for the improper use of this parking permit. I agree to abide by the University's Traffic and Parking Regulations. I will contact Transportation Services immediately in the event that my parking permit is lost or stolen. All sales are Final/ No Refund.

Signature _____

Date _____