

# APPLICATION FOR PARKING PERMIT

(SEE INSTRUCTIONS FOR PREPARATION)

FOR ADMINISTRATIVE USE ONLY	
CATEGORY ASSIGNED	SPACE NUMBER

Are you currently assigned a space? If so, please identify existing lot \_\_\_\_\_ and space number \_\_\_\_\_.  
 Can you use a small car space?  Yes  No

PRINCIPAL APPLICANT

**PART A**

NAME OF PRINCIPAL APPLICANT (SIGN BELOW)		HOME ADDRESS (Street No., City, County, State / ZIP Code)		<input type="checkbox"/> RIDER <input type="checkbox"/> DRIVER
AGENCY		ID CARD NO.	BLDG.	OFFICE PHONE
SUB-AGENCY		ID ISSUING OFFICE <input type="checkbox"/> PHS <input type="checkbox"/> FDA <input type="checkbox"/> NIH	ROOM NO.	WORK HOURS
TAG NO. (S) & STATE				

OTHER CARPOOL MEMBERS - PART B

NAME (PRINT & SIGN) (SIGN BELOW)		HOME ADDRESS (Street No., City, County, State / ZIP Code)		<input type="checkbox"/> RIDER <input type="checkbox"/> DRIVER
AGENCY		ID CARD NO.	BLDG.	OFFICE PHONE
SUB-AGENCY		ID ISSUING OFFICE <input type="checkbox"/> PHS <input type="checkbox"/> FDA <input type="checkbox"/> NIH	ROOM NO.	WORK HOURS
TAG NO. (S) & STATE				

NAME (PRINT & SIGN) (SIGN BELOW)		HOME ADDRESS (Street No., City, County, State / ZIP Code)		<input type="checkbox"/> RIDER <input type="checkbox"/> DRIVER
AGENCY		ID CARD NO.	BLDG.	OFFICE PHONE
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SUB-AGENCY		ID ISSUING OFFICE <input type="checkbox"/> PHS <input type="checkbox"/> FDA <input type="checkbox"/> NIH	ROOM NO.	WORK HOURS
TAG NO. (S) & STATE				

ASSIGNMENT PROVISION

**PART C**

**BASIS FOR REQUEST** (Administrative Services Center Issuance No. 2)

Handicapped       Vanpool       Three person carpool       Single occupant vehicle  
 Executive       Four person carpool       Two person carpool       Motorcycle

**NOTE: Occasional or part-time riders or those who live within the boundaries described in the Administrative Services Center Issuance No. 2 will not be counted as carpool members. Persons may apply on only one application. Carpools reduced to 1 member have 2 weeks to notify Parklawn Services Center and find a replacement for the carpool. Failure to do so will result in the loss of the space.**

**ASSIGNMENT PROVISION**  
 I, as the principal applicant, certify that the statements on this application are true to the best of my knowledge; have read and will observe the rules and regulations as issued by the Administrative Services Center in *Administrative Services Center Issuance No. 2*; have notified the carpool members of these rules and regulations and cautioned them to carefully observe same; will notify and caution new carpool members of the rules and regulations to be followed; and I further acknowledge that I, and the carpool members, are aware of the penalty for infractions of the rules; such penalty being that parking space assignments will be revoked in those cases where permittees receive repeated warning, submit false applications, and/or flagrantly disregard the rules.

SIGNATURE OF PRINCIPAL APPLICANT	DATE	SIGNATURE OF AGENCY EXECUTIVE OFFICER OR DESIGNEE (For Executive Level Personnel Only)	DATE

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## PRIVACY ACT STATEMENT

This information is collected under the authority of 41 CFR 101-20.111. The records are maintained in system of records 09-90-0023, "Department Parking Control Policy and Records Systems, HHS/OS/ASMB/OFE." The purpose of the system is to provide standards for appointment and assignment of parking spaces on Government-controlled property. Disclosure of information from this system may be made to (1) congressional office in response to an inquiry by that office on behalf of an individual; (2) the Department of Justice in the event of litigation.

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### INSTRUCTIONS FOR PREPARATION OF PHS-6295

Disclosure of the requested information is voluntary. Failure to do so, however, may result in the denial of a parking assignment.

Submit one copy to Parklawn Services Center, Room 5B-07, Parklawn Bldg.

#### PART A - PRINCIPAL APPLICANT

- RIDER/DRIVER ..... Indicate whether principal applicant is "driver," or "rider".
- AGENCY..... Indicate Agency (i.e. FDA, OASH, HRSA, etc).
- SUB-AGENCY..... Indicate Bureau, Center, Institute, or Office.
- ID ISSUING NUMBER..... Indicate number found on DHHS ID card (HHS-576).
- ID CARD OFFICE..... Indicate which agency issued ID card (i.e. FDA, PHS, NIH).
- TAG NUMBER AND STATE..... List all vehicles to be used for carpool.

#### PART B - OTHER CARPOOL MEMBERS

- MEMBER NAME..... Indicate name of carpool member and obtain SIGNATURE.
- RIDER/DRIVER..... Indicate whether member is "driver," or "rider".
- ORGANIZATION..... Indicate Agency (i.e. FDA, OASH, HRSA, etc.).
- TAG NUMBER AND STATE..... List all vehicles to be used for carpool.

#### PART C - ASSIGNMENT PROVISION

- BASIS FOR REQUEST..... Indicate your priority category by checking the appropriate box.  
For definitions of categories, see *Administrative Services Center Issuance No. 2*.