



Non State Employees Parking Permit Application/Update

Initial Registration Update

First Name _____ Middle Initial _____ Last Name _____

Drivers License ID Number _____ Lot # _____

State Agency _____ Physical Work Location _____

Work Phone _____ Cell Phone _____ Email _____

Company Issuing Paycheck _____ Company Contact Number _____

Billing Address _____ City _____ State _____ Zip _____

Primary License Plate _____ Secondary License Plate _____ Tertiary License Plate _____

Please check the box below that best describes your employment

Vendor (Either a business owner who rents space from OGS or an employee of a business that rents space from OGS.)

***If you check one of the following boxes below, then you will be required to have your agency representative sign on the space below*

Consultant / Contractor (Works alongside state employees in an agency office environment.)

Building Management / Trades Person (Does work for the maintenance or repair of state buildings authorized by an agency.)

City / Federal (Employees who get paid by the city or by the federal government and work for an agency.)

Non-Profit (Employees who get paid by the city or by a non-governmental entity.)

By signing below, you are stating that you certify that the information that you provided is correct and true.

**Signature of Agency Representative _____ Date _____

Employee Signature _____ Date _____

For OGS Bureau of Parking Management use only.

Lot _____ Permit Number _____

Effective Date _____ Billing Amount _____