



**West Virginia University Institute of Technology
2004-05 Parking Permit
PLEASE PRINT CLEARLY**

Name _____

Social Security Number _____

Home Address _____

Home Phone _____

On Campus Address _____

On Campus Phone _____

Type of permit Faculty/Staff – A Resident – B Commuter – C

Handicap Reserved – D

Vehicle Information

Vehicle # 1

Vehicle # 2

Name on Registration Card

Name on Registration Card

Year _____

Year _____

Make _____

Make _____

Model _____

Model _____

License plate # _____

License plate # _____

Color _____

Color _____

State _____

State _____

**VALID VEHICLE REGISTRATION CARD(S) MUST BE
PRESENTED TO OBTAIN A PERMIT.**