



CALIFORNIA MARITIME ACADEMY

Parking Permit Application

(PLEASE PRINT LEGIBLY)

Permit #

Name: Last _____ First _____ MI _____

YOUR Permanent Address: _____ City _____ ST _____ Zip _____

Telephone: Cell #: _____ Alternate #: _____

Vehicle: _____
 Make/Model Color Year State AND License PLATE #

By signing this form, you acknowledge that you have answered all questions truthfully and completely and have read and understand the statement below. It is illegal to give false information on this form.

I, the undersigned, have read and understand the CMA regulations concerning the operation and parking of private vehicles on university property. I understand that use of a private motor vehicle is considered a privilege that may be withdrawn for violation of university and vehicle code violations. I understand that illegally parked vehicles may be cited, immobilized or towed at my expense. The permit described is non-transferable to any other individual. **In compliance with CA laws, I certify that the above vehicle is covered by bodily injury and property damage liability insurance and any person driving this vehicle has a valid driver's license.** If the permit is lost or stolen - report immediately to Police Services.

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YOUR Signature: _____ Date: _____

MUST LIST - Emergency Contact (In case we are unable to contact you in an emergency about your vehicle)

NAME _____ PHONE: _____