



CALIFORNIA MARITIME ACADEMY

Parking Permit Application

(PLEASE PRINT LEGIBLY)

Permit #

[Empty box for 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 Cal Maritime regulations concerning the operation and parking of private vehicles on university property. Parking regulations and a quick reference guide are posted online at www.csum.edu on the main Parking and Transportation web page under Police Services. I understand that no personal boat, RV, motor home or other type of equipment is allowed to be parked on campus. I understand that use of a private motor vehicle is considered a privilege that may be withdrawn for violation of university and vehicle code violations.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 issued to me is not transferable to any other individual or vehicle. **In compliance with CA laws, I certify that the above vehicle is currently registered and currently covered by bodily injury and property damage liability insurance and any person driving this vehicle has a valid driver's license.** I will report lost or stolen permits, misuse of permits, or any other parking issues immediately to Police Services.

YOUR Signature: _____ Date: _____

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

NAME _____ PHONE: _____

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