EMPLOYEE Parking Permit Registration

Complete this form and return it to Emory’s Parking Office in the Starvine Parking deck on the Clairmont campus.
Email: parking@emory.edu or Fax: 404.727.2673

I. APPLICANT INFORMATION

Full Name: ____________________________
Last First Middle

Address: ____________________________
Street Address City / State Zip

Emory ID # _____________________________ Work location __________________________ Work phone __________________________

Emory E-mail address: ____________________________

II. VEHICLE INFORMATION

Make (Manufacturer) ____________________________

Model ____________________________

License Plate # ____________________________

State of Registration ____________________________

Primary color ____________________________

PERMIT #

Classification: ____________________________

Pkg. Code: ____________________________

Initials: ____________________________ Date: ___/___/___

III. PERMIT / COMMUTE OPTION REQUESTED

☐ Annual permit OR ☑ CAP Pass (for Commute Alternative Program)

Registration form on reverse of this page REQUIRE SIGNATURE before processing. Please allow up to 5 days for processing.

☐ Emory’s Cliff Transit (Circle one)
North DeKalb Park-and-Ride
South DeKalb Park-and-Ride
CCTMA

☐ Vanpool ($: cost variable)

Vanpool # ____________________________

Primary driver Name ____________________________

Primary driver Phone ____________________________

I need disability accommodation (Must confirm with ODS @
Tel 404.727.9877 or
TYY/TDD 404.712.2049)

Commute Alternative Programs: Select one

☐ Public Transit (circle all that apply)
MARTA CCT GRTA GCT (Xpress)
Card # ____________________________

☐ Carpool ($: cost variable)

I am ☐ Primary ☐ Secondary

Primary driver Name ____________________________

Primary driver Phone ____________________________

Carpool participants:
Name ____________________________ Phone# ____________________________
Name ____________________________ Phone# ____________________________
Name ____________________________ Phone# ____________________________

Bike / Walk / Drop-off

Motorcycle / Scooter

IV. AGREEMENT / SIGNATURE

I understand that I am responsible for obtaining and familiarizing myself with Emory’s Parking Rules & Regulations, and by my signature below agree to abide by them. I agree to abide by established regulations regarding any commute subsidies that I receive by registering in a CAP. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Applicant Signature ____________________________
Name (print) ____________________________

Emory's Cliff Transit
North DeKalb Park-and-Ride
South DeKalb Park-and-Ride
CCTMA

Vanpool # ____________________________

Primary driver Name ____________________________

Primary driver Phone ____________________________

Bike / Walk / Drop-off

Motorcycle / Scooter

EHC/TEC Authorization: ____________________________

PERMIT #

Classification: ____________________________

Pkg. Code: ____________________________

Initials: ____________________________ Date: ___/___/___
MARTA Transit Subsidy – Breeze Card

By my signature below I accept the Breeze unlimited monthly use card from Emory University, and agree to the following:

- I verify that I personally use MARTA for my primary mode of transportation to and from work. Primary commute mode means an average weekly participation of four out of five days over the course of the year. If you are not using the selected program as the primary commute mode, please contact TPS to discuss available options. Exceptions may be made for those who regularly telework during the week.
- I understand that the card can also be used for my occasional non-work related travel on MARTA.
- I understand that in accordance with Emory and MARTA policies, the card is for my sole use and cannot be sold or shared with anyone else. Violation of this policy could also be a violation of Emory’s Ethics Code Policy.
- I understand that any falsification of information or infraction of Emory or MARTA policy will result in disciplinary action to include immediate revocation of Emory subsidized transit privileges.
- I understand that any fraudulent use of this subsidy may result in liability to Emory for back payment of all transactions defrauded.
- I understand that by accepting the Breeze unlimited monthly use card that I will be required to verify possession of the card assigned to me.
- I understand that lost/stolen cards must be reported immediately to Transportation & Parking Services.
- I understand a $5 replacement fee will be assessed for any replacement cards.
- I understand that it is my responsibility to immediately report to Transportation & Parking Services if I will no longer be using my card.
- If my participation in the CAP program changes at any time during the year, I will notify TPS within five (5) business days. This includes changes to employee status i.e. LOA, FMLA, termination, work location, etc.
- I understand I am required to swipe my CAP Occasional permit and display it when parked in a deck during parking business hours, even if the gates are raised. One swipe equals one day of parking, so parking for multiple days on only one swipe is not allowed and is a violation of parking rules and regulations.
- I understand a CAP Occasional use permits are never valid in surface lots. If you will be parking in a surface lot, please contact Parking Services immediately for an alternative permit.
- I understand TPS will audit the CAP programs periodically for integrity and statistical purposes.
- I understand providing false information or program misuse may result in a suspension of CAP benefits, parking privileges and is a violation of University Standards of Conduct.

__________________________________  ________________   ___________
Employee Name     Employee ID    Date

__________________________________
Parking Staff

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