



Oregon State University Transportation Services

SEND COMPLETED FORMS TO:

Transportation Services
606 SW 15th, 100 Adams Hall
Corvallis, OR 97331.

FOR QUESTIONS CALL:

541-737-2583

Permit applications will be processed in the order received and mailed to the applicant's address below.

OSU ID Number _____ Affiliation (Staff, Student, Visitor, etc.) _____

Last Name _____ First Name _____

Phone _____ E-Mail _____

ON CAMPUS ADDRESS-RESIDENCE HALL OR OFF CAMPUS ADDRESS

Department _____

Building _____

Residence Hall & Room # _____

Address _____ Apt _____

City _____ St _____ Zip Code _____

PERMIT ZONE / TYPE

A1 _____ B1 _____ C _____ R1 _____ Motorcycle _____
 A2 _____ B2 _____ D _____ R2 _____
 A3 _____ B3 _____

PERMIT DURATION

Daily _____ Monthly _____ Annual _____

Note: Purchasing your permit online is your best chance to obtain your desired zone

VEHICLE INFORMATION

License Plate _____

State _____ Make _____

Color _____ Body Style _____

License Plate _____

State _____ Make _____

Color _____ Body Style _____

Registered Owner Information: Same as Permit Holder _____
If not, provide the following:

Name _____

Address _____

City _____ St _____ Zip _____

Registered Owner Information: Same as Permit Holder _____
If not, provide the following:

Name _____

Address _____

City _____ St _____ Zip _____

By signing below, I verify that:

Parking permits are not valid at campus meters; permits must be used in the lots designated by permit type.

I understand I am fully responsible for the vehicle(s) in which this permit is displayed. I agree to abide by the OSU Parking Rules & OSU Standards as found on the Transportation Services website: parking.oregonstate.edu

I verify that the information entered on this form is true and correct.

SIGNATURE _____ **DATE** _____