

U.S. DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT  
 ALASKA STATE OFFICE

**PARKING PERMIT APPLICATION**

For Office Use Only	Initials: _____ Rating: _____	Date: _____ Space No. _____
------------------------	----------------------------------	--------------------------------

Application Date: \_\_\_\_\_  
 Requested Category: (Choose One)  
    \_\_\_\_\_ Handicapped / Disabled  
    \_\_\_\_\_ Executive  
    \_\_\_\_\_ Carpool  
 (Circle one) \_\_\_\_\_ Motorcycle / Bicycle

Seek Other Carpoolers? (Circle one)    Yes    No  
 Work Schedule: \_\_\_\_\_  
 Days: \_\_\_\_\_  
 Hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
**Vehicle Information:**  
 Make: \_\_\_\_\_    Make: \_\_\_\_\_  
 Model: \_\_\_\_\_    Model: \_\_\_\_\_  
 Year: \_\_\_\_\_    Year: \_\_\_\_\_  
 License: \_\_\_\_\_    License: \_\_\_\_\_  
 Special Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer: Bureau of Land Management  
 Address: 222 West 7<sup>th</sup> Avenue  
 Work Phone: \_\_\_\_\_  
 Federal Service Computation Date: \_\_\_\_\_  
**Employment Status (Check Only 1):**  
                  \_\_\_\_\_ Permanent Full-Time AFOB  
                  \_\_\_\_\_ Other AFOB                    \_\_\_\_\_ Non-AFOB

I fully understand the current carpool procedures. Submitting false information may result in the loss of parking privileges.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
**Vehicle Information:**  
 Make: \_\_\_\_\_    Make: \_\_\_\_\_  
 Model: \_\_\_\_\_    Model: \_\_\_\_\_  
 Year: \_\_\_\_\_    Year: \_\_\_\_\_  
 License: \_\_\_\_\_    License: \_\_\_\_\_  
 Special Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Federal Service Computation Date: \_\_\_\_\_  
**Employment Status (Check Only 1):**  
                  \_\_\_\_\_ Permanent Full-Time AFOB  
                  \_\_\_\_\_ Other AFOB                    \_\_\_\_\_ Non-AFOB

I fully understand the current carpool procedures. Submitting false information may result in the loss of parking privileges.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
**Vehicle Information:**  
 Make: \_\_\_\_\_    Make: \_\_\_\_\_  
 Model: \_\_\_\_\_    Model: \_\_\_\_\_  
 Year: \_\_\_\_\_    Year: \_\_\_\_\_  
 License: \_\_\_\_\_    License: \_\_\_\_\_  
 Special Considerations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_  
 \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Federal Service Computation Date: \_\_\_\_\_  
**Employment Status (Check Only 1):**  
                  \_\_\_\_\_ Permanent Full-Time AFOB  
                  \_\_\_\_\_ Other AFOB                    \_\_\_\_\_ Non-AFOB

I fully understand the current carpool procedures. Submitting false information may result in the loss of parking privileges.

Signature: \_\_\_\_\_