DI-1868 Revised 10/17/13

United States Department of the Interior
Application for Parking Permit

NOTE: Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both. (18 U.S.C. 1001, dated January 23, 2000)

JUSTIFICATION FOR CATEGORIES "B AND E" PARKING (See instructions on reverse)

Name and Title of Certifying Official (Bureau/Office Head) | Signature | Date

(If applicable) Current Parking Location and Permit Number:

FOR USE OF PARKING CONTROL OFFICE ONLY

1. MIB	SIB	FRB	2. Permit #
3 Applicant enrolled in the transit subsidy program	Yes	No	

4. VEHICLE SPACE DESIRED (CHECK ONE)

AUTO	MOTORCYCLE	BICYCLE

4. Category of Parking Desired (Check one) See instruction on reverse

A	V	C	B	E	CF	M/B	O	H
			Justification					

	5. Name (Last, First, MI) ; Home address and ZIP code	6. Trips Per Week	7. Personnel Data	8. 1st Vehicle Data		9. 2nd Vehicle Data		10. Name, Address, Room #, ZIP, Code of Employer DOI Employees include Bureau/Office
Applicant			Last 4 digits SSN#	Make		Make		
			Work Telephone No.	Model		Model		
	I certify that I do not participate in the transit subsidy program* **Signature:**		Cell phone #	State	Tag No.	State	Tag No.	Duty Hours
Rider #2			Last 4 digits SSN#	Make		Make		
			Work Telephone No.	Model		Model		
	I certify that I do not participate in the transit subsidy program* **Signature:**		Cell phone #.	State	Tag No.	State	Tag No.	Duty Hours
Rider #3			Last 4 digits SSN#	Make		Make		
			Work Telephone No.	Model		Model		
	I certify that I do not participate in the transit subsidy program* **Signature:**		Cell phone #.	State	Tag No.	State	Tag No.	Duty Hours
Rider #4			Last 4 digits SSN#	Make		Make		
			Work Telephone No.	Model		Model		
	I certify that I do not participate in the transit subsidy program* **Signature:**		Cell phone #.	State	Tag No.	State	Tag No.	Duty Hours

11. Bureau/Office Parking Coordinator
Signature:

12. Applicant: I certify that I understand my obligation as outlined in 310 DM 12, and the Office of Facilities and Administrative Services Parking and Transportation Benefit Program Policies.
Signature: **Date:**

**** Vanpool Exception IRS Registered***

(See instructions and definitions on reverse)

INSTRUCTIONS

GENERAL: All entries should be typed or printed legibly. Applicants MUST complete all requested information and obtain required signatures. EMPLOYEES WHO FALSIFY INFORMATION ON THIS APPLICATION ARE SUBJECT TO THE PENALTY STATED ON THE FRONT OF THE APPLICATION.

NOTE: You are not permitted to have a federally-subsidized parking space if you participate in the Public Transportation Benefit Program.

PRIVACY ACT INFORMATION: Pursuant to Section 3(a)(3) of the Privacy Act of 1974 (Public Law 93-579), individuals furnishing information on this form are hereby advised as follows:

1. The authority for solicitation of the information in 41 CFR-41, FMR 103-74.265/270/275/280/285/290/295/300/305
2. The information is used to assign parking spaces and to identify (for ridesharing purposes CFR-41 FMR 102-74.205/210/215/220/225/) individuals residing in the same geographic areas.
3. The information may be transferred to the U.S. Department of Justice in the event of litigation involving the record or subject matter of the record.
4. The effect on an individual not providing any part of the requested information, including the last four digits of Social Security number, may be denial of the assignment of a parking permit.
5. Provision of the last four digit Social Security number is mandatory. These numbers are used to prevent individuals from applying for more than one parking space and receiving Public Transportation Subsidy.
6. The applicant's name, ZIP Code and business telephone number may be provided to requesters to assist them in making ridesharing arrangements.

Blocks 1, 2 & 3: For Parking Control Use ONLY

Block 3: Indicate (check) type of vehicle space desired.

Block 4: Indicate (check) category of parking desired. A summary description of each category follows:

Category A: Secretary, Assistant Secretaries, Solicitor, Deputy Secretary, Inspector General, Heads of Bureau and Offices

Category E: Employees whose duties require them to be "on-call" during non-duty hours for essential operation or protection of the Interior Complex facilities and property, may be considered for Category E parking on a space available basis. Applications for parking under this category **MUST** include a certification in the "Justification for Category "E" Parking."

Category V: Employees with vanpools (eight or more members).

Category C: Employees with carpools (four or more members). Priority consideration will be given to the number of riders and Interior employees.

Category B: Employees who are required to work CONSIDERABLY beyond their official duty hours on a REGULAR basis may be considered for Category B parking on a space available basis and as decided by Bureau/Office Head working within their allocation. Applications for parking under this category **MUST** include a certification in the "Justification for Category "B" Parking" section at the top of this application, of the hours worked by the applicant and the applicant's official duty hours, signed by the head of the applicant's bureau or office.

Category CF: Clean Fuel Vehicles. Employees commuting with hybrid or alternate fuel vehicles may apply for parking under this category.

Category M/B: Motorcycles/Bicycles

Category O: Official Vehicles

Category H: Employees in need of accessible parking. Requires completion of "Physicians Certification Application for Disabled Parking Form." Determination is made by U.S. Public Health Service Physician.

Block 5: Name (Last, First, MI) Home address and ZIP Code: Type or print your name (Last, First, MI), address, and ZIP Code.

Block 6: TRIPS PER WEEK: Type or print the number of one-way trips you will regularly make each week. Examples - (1) If you travel one-way every day - enter "5." (2) If you travel both ways every day - enter "10."

Block 7: PERSONAL DATA: Type or print your last four digits of your Social Security number, and complete work and cell telephone number.

Blocks 8 & 9: VEHICLE DATA: Type or print the vehicle make, model, license plate number, and state of registration. Example - Ford Explorer VA/XYZ-1234. Entries for two vehicles per applicant and rider can be provided. Carpool and vanpool members MUST provide information about each vehicle they anticipate driving. Individuals with more than two vehicles must submit the requested data for the additional vehicle(s) on a separate sheet bearing their name and applicant's name (if different).

Block 10: NAME, ADDRESS, ROOM NUMBER, ZIP CODE OF EMPLOYER: Type or print name, address and ZIP Code of employer. DOI employees include the appropriate bureau/office. Enter Duty hours.

Block 11: BUREAU/OFFICE PARKING COORDINATOR SIGNATURE: Submit to Parking Coordinator for signature and processing.

Block 12: CERTIFICATION: Applicant MUST sign and date on line provided.

For additional information, contact your Bureau or Office parking coordinator, or the Office of Facilities and Administrative Services Parking Office at 202-208-2222 or visit doi.gov/ofas.