



Student Carpool Vehicle Registration Form | 2021-22

SUBMIT COMPLETED FORM TO THE PARKING & TRANSPORTATION SERVICES OFFICE

601 SOUTH COLLEGE ROAD • WILMINGTON, NC 28403-5914 • 910.962.3178 • WWW.UNCW.EDU/PARKING

Information and Rules:

- The Carpool Program requires a minimum of two participants.
- All participants and all of their vehicles must be registered below to be associated with the carpool program.
- A primary driver must be designated and is responsible for the use of the permit. The primary driver's eligible parking zone is assigned to all drivers (based on availability).
- The cost of the permit is based on the primary driver's zone designation and then divided equally between the other participants.
- In addition to the primary permit, the primary driver will receive 10 scratch off day passes to be distributed between the other participants for use when carpooling is not feasible. Additional scratch off day passes can be purchased.
- Misuse of the carpool program will result in revocation of carpool permit.

	<i>Example</i>	Primary Driver	Carpooler #2	Carpooler #3	Carpooler #4
Name	Jane C. Doe				
University ID (850#)	850999999				
Street Address or Resident Hall	123 Cape Fear Blvd.				
City, State ZIP	Wilmington, NC 28407				
Phone Number	962-9999 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Campus	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Campus	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Campus	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Campus	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Campus
License Plate State	NC				
Carpool Permit Type	<input type="checkbox"/> Commuter <input type="checkbox"/> Park & Ride <input type="checkbox"/> Resident <input type="checkbox"/> Commuter Deck	<input type="checkbox"/> Commuter <input type="checkbox"/> Park & Ride <input type="checkbox"/> Resident <input type="checkbox"/> Commuter Deck	<input type="checkbox"/> Commuter <input type="checkbox"/> Park & Ride <input type="checkbox"/> Resident <input type="checkbox"/> Commuter Deck	<input type="checkbox"/> Commuter <input type="checkbox"/> Park & Ride <input type="checkbox"/> Resident <input type="checkbox"/> Commuter Deck	<input type="checkbox"/> Commuter <input type="checkbox"/> Park & Ride <input type="checkbox"/> Resident <input type="checkbox"/> Commuter Deck
Student Classification	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Other
License Plate Number	ABC123				
Vehicle Make	Ford				
Vehicle Model	Explorer				
Vehicle Color	Black				

As set forth in N.C. G.S. 20-279.1 (11) all students registering a vehicle on any North Carolina Campus must present Proof of Liability Insurance for the vehicle registered above at the levels set forth in this statute or higher.

Auto Insurance Company Name	GEICO				
Auto Insurance Policy Number	ABC123456789				

I, the undersigned, agree to abide by all regulations, ordinances and laws governing the safe and lawful operation and parking of a motor vehicle on the campus of UNCW including payment of citations and fees. Note: Registration is not complete until the parking permit is displayed in accordance with prescribed regulations.

Signature	Jane C. Doe				
Date	8/1/2021				

Office Use Only

Permit Number	14C9999				
Payment Method	<input type="checkbox"/> Banner <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	<input type="checkbox"/> Banner <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	<input type="checkbox"/> Banner <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	<input type="checkbox"/> Banner <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	<input type="checkbox"/> Banner <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other