THE UNIVERSITY OF NOTTINGHAM ASSOCIATES VOUCHER SCHEME APPLICATION



Please complete this form in full and return it to Security, Hallward Library, University Park. NG7 2RD

SURNAME		COMPANY NAME (IF APPLICABLE)		
FORENAME(S)		EMAIL ADDRESS		
TITLE		REASON FOR APPLICATION		
CONTACT NO.				
HOME ADDRESS	5			
		POST	T CODE	
UNIVERSITY ADDR	RESS			
		INTERN	IAL NO.	
VEHICLE REG		MAKE		
MODEL		CO ₂ EMISSIONS*		
*This information can be found on your vehicle registration document (V5C) or online at http://www.taxdisc.direct.gov.uk/EvlPortalApp/ and select 'Vehicle Enquiry'. Replacement V5C documents can be requested from the DVLA on 0300 790 6802.				
METHODS OF PAYME	-NT			
If in person, by call pay over the phone	sh or card at the Security Office by card please supply an ema	ail address, once yo	, University Park. If you wish to our application has been approved yment is to be made by recharge	
Payment calculate	ed at 30% of the cost of a full p	permit.		
I agree to pay th	e full amount upon application	n and understand	that there will be no rebates.	
ENTITI	LEMENT TO BE APPROV			
NAME (BLOCK LE	ETTERS)			
POSITION IN COMPANY		REC	CHARGE CODE	
SIGNED		DATE		

PLEASE TURN OVER AND SIGN THE DECLARATION

DECLARATION

I certify that I have read and understood the University's Traffic Regulations, http://www.nottingham.ac.uk/registrar/calendar/traffic-regs.pdf, I recognise that failure to comply will result in the implementation of sanctions for non-compliance as detailed in the Regulations.

I agree to notify the Security Office of any changes to details stated on this form. I am not a registered student.

I agree to abide by any guidance issued with the permit.

I agree to the use of my personal data for the purpose of administering the University's Car Parking Scheme. The University of Nottingham may use personal details and information provided in this Parking Permit application form for the purposes of its parking statistics/strategy and related matters. This data will be recorded in accordance with the Data Protection legislation.

I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that a false or misleading application may result in action being taken under the University Traffic Regulations or the Disciplinary Procedure for staff.

I accept that my Permit may be withdrawn for non payment of parking charges or for repeat offences under the Traffic Regulations.

To order additional vouchers please ensure that your application form is received in the Security Office seven working days prior to your last voucher being used.

All associated staff using the Voucher Scheme must ensure that a valid Permit for each vehicle is displayed in the windscreen together with a voucher showing the correct date and corresponding serial number. Failure to comply may result in action being taken.

NAME (BLOCK LETTERS)				
SIGNED	DATE			
OFFICE USE ONLY				
PERMIT NO.				
DATE ISSUED				
RECEIPT NO. (IF APPLICABLE)				
PAYMENT (CASH/CARD)				