



2015-16 MOTORIZED CART PERMIT APPLICATION

All motorized carts, including golf carts, low-speed vehicles (LSVs), and mini-trucks, must display a valid cart permit in order to operate or park on the Stanford University campus (excluding public roads).

APPLICANT INFORMATION		
Person responsible for cart permit	Organization/Department name	Drivers license # (required)
NOTE: If more than one driver will be operating the vehicle, please provide a general contact person who can contact all drivers.		
Contact name	Contact phone ()	Email

SPONSORING DEPARTMENT (if different from above)		
Department name	Department representative	I am sponsoring applicant through (no later than 10/31/16)
Phone ()	Email	

VEHICLE INFORMATION			
1.	Vehicle type <input type="checkbox"/> Golf Cart <input type="checkbox"/> Low-Speed Vehicle (Think, GEM, etc.) <input type="checkbox"/> Mini-truck <input type="checkbox"/> Other (specify) _____	License plate # or VIN #	University fleet # (if applicable)
2.	Vehicle type <input type="checkbox"/> Golf Cart <input type="checkbox"/> Low-Speed Vehicle (Think, GEM, etc.) <input type="checkbox"/> Mini-truck <input type="checkbox"/> Other (specify) _____	License plate # or VIN #	University fleet # (if applicable)
3.	Vehicle type <input type="checkbox"/> Golf Cart <input type="checkbox"/> Low-Speed Vehicle (Think, GEM, etc.) <input type="checkbox"/> Mini-truck <input type="checkbox"/> Other (specify) _____	License plate # or VIN #	University fleet # (if applicable)
NOTE: For additional vehicles, please attach a list with the information requested above.			

TYPE OF PERMIT	
<input type="checkbox"/> Annual (expires 10/31/16)	
<input type="checkbox"/> Monthly (enter expiration date - no later than sponsor date above): ____/____/____	
Additional special access permits (requires approval by P&TS)	P&TS approval
<input type="checkbox"/> Disabled - Students: attach a completed Medical Certification for Motorized Cart Permit Form - Faculty/staff: attach supporting documentation from the Diversity & Access Office	
<input type="checkbox"/> Main Quad service drive - attach explanation of request (access need, locations served, etc.)	

PLEASE READ AND SIGN:		
I certify the above information is true. I agree to the terms stated in the Stanford University Traffic and Parking Code. I understand that transferring, falsifying, or any misuse of the permit may result in revocation of my parking privileges.		
X _____ SIGNATURE (Applicant)	_____ PRINT NAME	_____ DATE
X _____ SIGNATURE (Sponsor)	_____ PRINT NAME	_____ DATE

MOTORIZED CART PERMIT Revised 7/15