

**OPB****Office of Parking and Badging**  
*Division of Capitol Square Services*

dgs.virginia.gov

## Parking Request Form

### Carpool Attachment

To register your carpool for parking, please complete and return this form to primary assignee's Agency Parking Coordinator. This attachment must be submitted with a Parking Request Form for the primary assignee. After receiving a carpool request, a generic access card and one parking permit will be issued to the primary assignee.

ACTION REQUESTED			
<input type="checkbox"/>	Register New Carpool	<input type="checkbox"/>	Remove Carpool Assignee(s)
<input type="checkbox"/>	Updated Compact for Vehicle Information	<input type="checkbox"/>	Add new Carpool Assignee(s)
PRIMARY ASSIGNEE INFORMATION			
Last Name:		First Name:	
Agency:		MI:	
Phone:			
ADDITIONAL ASSIGNEE(S) INFORMATION			
Last Name:		First Name:	
Phone #:			
Primary License Plate #:	Vehicle Make/Model:	Plate Type:	State:
Alternate License Plate #:	Vehicle Make/Model:	Plate Type:	State:
Last Name:		First Name:	
Phone #:			
Primary License Plate #:	Vehicle Make/Model:	Plate Type:	State:
Alternate License Plate #:	Vehicle Make/Model:	Plate Type:	State:

The undersigned acknowledges his/her responsibility to comply with the parking policies issued by the Department of General Services and to promptly update any changes to the above employment, vehicle, and authorized user information. The undersigned further agrees to return the parking permit and/or access card issued for this space upon termination of the parking privilege. Parking in a DGS owned or leased facility is at the risk of the undersigned.

<b>Additional Assignee Signature:</b>	<b>Date:</b>
<b>Additional Assignee Signature:</b>	<b>Date:</b>
<b>Primary Assignee Signature:</b>	<b>Date:</b>

Lot No.:	Permit Number:	Access Card Number:	Effective Date:
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Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

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