

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
PARKING APPLICATION FORM

Last Name, First Name, MI	Employee ID #	Email Address	Rank/Grade
Office Symbol/Room #		Work #	Cell #
Supervisor Name		Supervisor Telephone #	Supervisor Position Title
Reason for Application		This application is	
I hereby certify that to the best of my knowledge all information on this application is accurate, and that I meet all the requirements for the reason stated on this application. I also understand that I must inform the parking office immediately if at any given time I fail to meet any of the requirements that qualified me for the parking privileges requested on this form.			
Applicant Signature and Date		Supervisor Signature and Date	
EA/Deputy/Director Print Name <i>(For job requirement only)</i>		EA/Deputy/Director Signature and Date	

Please List All Carpool Members

Providing false information knowingly for the purpose of allowing the parking applicant to be entitled to a parking pass will result in the revocation of the parking privileges and possible disciplinary actions against the applicant and car pool member.

Last name, First Name, MI	Office Symbol	Work Telephone #	City of Residence	Home Telephone #
Signature and Date				
Signature and Date				
Signature and Date				

Credit Card information for Automatic Payment (Optional)

Name on Card	Number of Months you would like to pay at a time		
Credit Card Type	Card Number		Expiration Date
Security code <i>(last 3 digits on back of card)</i>			Zip Code

Privacy Act Statement

Authority: 5 U.S.C. 301; 44 U.S.C. 3101; 6 U.S.C. 121; Federal Claims Collection Act of 1966, 31 U.S.C. 3701; Executive Order (EO) 9397; EO 12968; and Federal Property Regulations, issued July 2002.

Purpose: To collect and maintain records associated with USCG Headquarters perimeter access control. Information collected will be used to ensure that personnel requesting access to park at the USCG Headquarters facilities are qualified to gain access.

Routine Use: The information collected will be used by and disclosed to USCG personnel and contractors or other agents who need the information to assist in activities related to facility control. Additionally, USCG may share the information with facility operators, law enforcement, or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Disclosing this information is voluntary; however, failure to provide the requested information will result in denial of access to park within the USCG Headquarters facilities.

Signature and Date of Card Holder		
Parking Manager Signature BASE NCR	Chief Logistics Signature BASE NCR	Permit #

BASE National Capital Region
 General Logistics Branch
 2100 2nd Street, SW
 Washington, DC 20593-7009

Questions concerning this form or parking please contact Ms. Christine Riley x2-4043 or email Christine.Riley@uscg.mil