



# 2009-10 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 phone (      )	Cell/Mobile phone (      )	Email

## SPONSORING DEPARTMENT (if different from above)

Department name	Department representative	I am sponsoring applicant through  (no later than 10/31/10)
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 # (if applicable)	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 # (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 # (if applicable)	University fleet # (if applicable)

NOTE: For additional vehicles, please attach a list with the information requested above.

## TYPE OF PERMIT

Annual (expires 10/31/10)

Monthly (enter expiration date - no later than sponsor date above): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional special access permits (requires approval by P&TS)**

Disabled - attach supporting documentation from the Student Disability Resource Center (for students) or the Diversity & Access office (for faculty/staff)

Main Quad service drive - attach explanation of request (access need, locations served, etc.)

P&TS approval

## PLEASE READ AND SIGN:

I certify the above information is true. I agree to the terms stated in the Leland Stanford Junior University Parking & Transportation rules and regulations. I understand that transferring, falsifying, or any misuse of the permit may result in revocation of my parking privileges.

<b>X</b> _____	_____	_____
SIGNATURE (Applicant)	PRINT NAME	DATE
<b>X</b> _____	_____	_____
SIGNATURE (Sponsor)	PRINT NAME	DATE

MOTORIZED CART PERMIT  
Revised 7/09