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

<table>
<thead>
<tr>
<th>Department/Organization name</th>
<th>Person responsible for cart permit</th>
<th>Do you have a valid driver’s license?</th>
</tr>
</thead>
</table>

**NOTE:** If more than one driver will be operating the vehicle, please provide a general contact person who can contact all drivers.

<table>
<thead>
<tr>
<th>Contact name</th>
<th>Contact phone</th>
<th>Email</th>
</tr>
</thead>
</table>

### SPONSORING DEPARTMENT (if different from above)

<table>
<thead>
<tr>
<th>Department name</th>
<th>Department representative</th>
<th>I am sponsoring applicant through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Email</td>
<td>(no later than 10/31/20)</td>
</tr>
</tbody>
</table>

### VEHICLE INFORMATION

1. **Vehicle type**
   - Golf Cart
   - Low-Speed Vehicle (Think, GEM, etc.)
   - Mini-truck
   - Other (specify) ___________________

   **License plate # or VIN #**

   **University fleet # (if applicable)**

2. **Vehicle type**
   - Golf Cart
   - Low-Speed Vehicle (Think, GEM, etc.)
   - Mini-truck
   - Other (specify) ___________________

   **License plate # or VIN #**

   **University fleet # (if applicable)**

3. **Vehicle type**
   - Golf Cart
   - Low-Speed Vehicle (Think, GEM, etc.)
   - Mini-truck
   - 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

- ☐ Annual (expires 10/31/20)
- ☐ Monthly (enter expiration date - no later than sponsor date above): ____ / ____ / ____

- Additional special access permits (requires approval)
  - ☐ Disabled - Faculty/staff: attach supporting documentation from the Diversity & Access Office
  - ☐ 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.

**SIGNATURE (Applicant)**  **PRINT NAME**  **DATE**

**SIGNATURE (Sponsor)**  **PRINT NAME**  **DATE**