



Disabled Parking Program Application

2016 Football Season

Please print or type the following information.

Applicant (Placard Holder)*: _____

In Care of (Non-Placard Holder): _____

Address*: _____

City/State/Zip*: _____

Primary Phone*: _____ Alternate Phone: _____

Email*: _____

Check each game that you wish to attend. (If available, you will receive a parking placard for each game checked). **The Placard Holder must be in the vehicle on game day to use an assigned space/area.**

Date:	Game:	Check Box:
9/10/2016	Charleston So. (Youth Day)	<input type="checkbox"/>
10/1/2016	North Carolina (Parents Weekend)	<input type="checkbox"/>
10/15/2016	Wake Forest (Homecoming)	<input type="checkbox"/>
10/29/2016	Clemson	<input type="checkbox"/>
11/11/2016	Boston College (Military Day)	<input type="checkbox"/>
11/26/2016	Florida	<input type="checkbox"/>

Please remember to inform Transportation and Parking Services as soon as possible if you are unable to use your placard after it has been assigned. The placard will be reassigned to another participant on the waiting list.

This Application is continued on the next page.

Page 1 of 2

****Boosters will be releasing their booster-allocated parking in order to receive Disabled Parking. ****



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Please print or type the following information.

To assist us in assigning spaces, please answer the following question:

Do you utilize a wheelchair or drive a conversion van?

Yes No No, but I need additional space when exiting and entering my vehicle for other reasons.

Please attach a photocopy of your valid disabled parking placard and your license plate or placard registration to this application.

Disabled Parking Placard or License Plate Number*: _____

Expiration Date*: _____

Mail, fax, or email the completed form, a copy of your disabled parking placard, and a copy of your license plate or placard registration to:

Transportation and Parking Services
104 N. Woodward Avenue
Tallahassee, FL 32306

Phone #: (850) 644-5278
Fax #: (850) 644-4999
Email: taps-dpp@fsu.edu

Sign*: _____ Date*: _____

* Required Field

Page 2 of 2