

## University of Miami VIP Parking Decal Registration Form

<b>Department:</b>		<b>Division:</b>		<b>Registration Date:</b>	
<b>Department Administrator:</b>		<b>Department Phone:</b>		<b>Decal distribution location:</b> <i>(building &amp; room)</i>	
<b>Please estimate the number of each of these eligible groups that your department will issue monthly:</b> <i>(Enter the estimates in the corresponding circles)</i>					
<input type="radio"/> <b>Employment Applicants</b>	<input type="radio"/> <b>Indigent Care</b>	<input type="radio"/> <b>Research Participants</b>	<input type="radio"/> <b>Therapy Patients</b>	<input type="radio"/> <b>Training Participants</b>	
<input type="radio"/> <b>VIPs</b>	<input type="radio"/> <b>Volunteers</b>				
<b>Please list the business reasons your department wishes purchase and issue decals at no cost to these eligible individuals:</b>					
<b>What, if any, will be the financial impact if this request is not approved?</b>					
<b>Primary employee that will distribute the VIP decals:</b>		<b>Primary Signature*:</b>		<b>Office Phone:</b>	
<b>Alternate employee that will distribute the VIP decals:</b>		<b>Secondary Signature*:</b>		<b>Office Phone:</b>	
<b>Administrator Signature*:</b>		<i>(Security Use Only)</i>			
		<b>Approved By:</b>		<b>Date:</b>	<b>Registration Number:</b>

**Complete, sign, and fax this form to the Department of Security at 243-8189**