



Vendor & Media Parking Permit Application

Initial Registration **Update**

First Name _____ Last Name _____

Driver's License ID Number _____ Lot Requested _____

State Agency _____ Physical Work Location _____

Work Phone _____ Cell Phone _____ Email _____

Company Issuing Paycheck _____ Company Contact Number _____

Billing Address for Permit _____ City _____ State _____ Zip _____

Primary License Plate _____ Secondary License Plate _____ Third License Plate _____

Please check the box below that best describes your employment

Vendor (Either a business owner who leases space from OGS or an employee of a business that leases space from OGS.)

Note: If you check one of the following boxes below you will be required to have your agency representative sign on the space below

Media (Employee of Media Service verified by the Legislative Correspondence Association)

Building Management / Trades Person (Does work for the maintenance or repair of state buildings authorized by an agency.)

By signing below, you are stating that you certify that the information that you provided is correct and true

Signature of Agency Parking Coordinator _____ Date _____

Employee Signature _____ Date _____