



**TYPE OF PERMIT**

Staff Parking Permit     Parking Authority Permit     Contractor     Replacement

Applicant's Name: \_\_\_\_\_

UWA Faculty/School/Centre/Section/Company/Business: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Staff No.: \_\_\_\_\_ (if applicable)

**Vehicle Details**

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Reason Permit Required**

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I hereby undertake to display the issued permit on the windscreen and to comply with the University Land By-Laws and parking regulations. I am eligible for the type of Permit requested. I understand that the permit is not transferable to another person or vehicle without prior arrangement with Unipark.

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE NOTE**

**The Head of School or Representative must confirm the application below  
if you are a non-salaried UWA staff member.**

**HEAD OF DEPARTMENT OR REPRESENTATIVE USE ONLY**

1. How often does the person come to UWA?  
 DAILY     WEEKLY     FORTNIGHTLY     MONTHLY
2. How many hours a week does the person attend: \_\_\_\_\_
3. Expiry Date of Appointment: \_\_\_\_\_
4. Areas required:     RED  
                                   MAINTENANCE (CAMPUS MANAGEMENT LEVEL 5A APPROVAL REQUIRED)

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

**A PARKING PERMIT DOES NOT GUARANTEE YOU A PARKING BAY**