UCLA Parking Services
Blue Permit – X Permit Request Form

Please read instructions on the reverse side before completing this form.

Please print or type. Incomplete information may delay request process.

SECTION A
Request for:
☐ UCLA Blue Parking Permit  Area __________________ Academic Year: 200__ - 200__
☐ UCLA X Parking Permit  Primary Area ___________ Current Parking Permit Type: ___________________

Department FS Number ___________ Department:_____________________________________________________________
Employee Name:   ______________________________________________________Employee ID #____________________
Payroll Title:______________________________________Working Title:_________________________________________

If your payroll title falls into one of the following categories and you are requesting a Blue permit, please check the appropriate box and skip down to and complete only Section C of this form. If you are requesting an “X”, ABL or EBL, please complete the entire form. All “X”, A and E requests must be signed by the Department Head.
☐ Ladder Rank Faculty (Tenure Track - Assistant, Associate or Full Professor)
☐ Executive Program

SECTION B
Due to the limited space on campus, Blue/X request forms must clearly indicate a need for high-level mobility necessary to perform your assigned job duties.

Justification for request: (Please provide a detailed explanation. If additional space is required, please attach a separate sheet.)

______________________________________________________________________________________________________
______________________________________________________________________________________________________

Please indicate the number of times that you will need mobility on a weekly basis and the destination(s) to which you will need to travel:
1) Destination_________________ Parking Area_________ Number of trips per week_____________
2) Destination_________________ Parking Area_________ Number of trips per week_____________
3) Destination_________________ Parking Area_________ Number of trips per week_____________
4) Destination_________________ Parking Area_________ Number of trips per week_____________

SECTION C
Signature of Requestor____________________________________________________ Date__________________________
Signature of Parking Coordinator_____________________________________________________________ Date_______________
Parking Coordinator’s Email address:_________________________________________________________________________ Ext: ___________________

SECTION D – Departmental Approval/Verification
Signature of Department Head_______________________________________________ Date__________________________
Must be different than requestor
Authorized signature from Chancellor’s Office required for Lot A access:________________________ Date:_______________
Authorized signature from Medical Center Vice Provost Office required for Lot E access: _________________________Date:_______________

Parking Services Use Only
☐ Approved Authorized By________________________ Date________________________
☐ Denied Comments:

____________________________________________________________

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