



Gardens Point Campus MOTORCYCLE PARKING APPLICATION

PAYMENT MUST BE MADE WHEN SUBMITTING THIS FORM

Surname: Given Names:

Residential Address: (Suburb)

Postcode: Home Telephone Number: Mobile:

Email:

Student Details: Full time Part time

Student Number: N - Course:

Staff Details: Full time Part time Position:

Staff Number: S - School/Section:..... Ext:

Vehicle Details: Please enter details of **all** vehicles which may use the parking permits

Registration: Car M/Bike Make: Model:

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Times: Please indicate which on days you require parking on campus.

Full Year – Permit expires Dec 31 Half year – Permit expires either Jun 30 or Dec 31

Monday Tuesday Wednesday Thursday Friday

Cardax Pin Details: Located on the back of your Staff or Student card under the bar code.
This is not your staff/student ID number

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Certification by Applicant:

- I understand that it is my responsibility to clearly display the parking authorisation at all times and that I am bound by the QUT Act, statutes, rules and administrative provisions applying to traffic control within the University grounds.
- I will inform the University Administration of any change of address or other information supplied on this form within seven days of the change.
- I acknowledge that the vehicles are parked at the owner's risk.
- Persons and vehicles nominated on this form are the only persons or vehicles using the University parking areas.
- To the best of my knowledge the information supplied on this application is correct.

Signature: Date:

Receipt Details: Amount	Date	Receipt #
1.		
2.		

<i>Office Use Only</i> Entered Stamp and initials	<i>Office Use Only</i> Id: Parking Area:	<i>Office Use Only</i> Application #:
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