

FBCH CARPOOL PARKING PERMIT REQUEST

INSTRUCTIONS: The employee submitting this request is considered the Primary Carpool Member. The Primary Carpool Member completes SECTION A, and Additional Carpool Members complete SECTION B. After Sections A-B have been completed, print the form. Each member of the carpool is required to sign and date in SECTION C. In addition, the Primary Carpool Member's Department Chief, Officer-In-Charge or Senior Enlisted Leader must complete and sign SECTION D. SECTION E is for Security Department use only. After Sections A-D are complete, return this request form to Security in Oaks Pavilion, Lower Level, Room OL.502.

SECTION A: Employee/Primary Carpool Member

1) Name:	2) Department:	3) Phone:
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Primary Carpool Member Vehicle Information *(List only vehicles which are registered to employee named in Block 1)*

4) Vehicle Make:	5) Model:
6) Color:	7) Year:
8) License Plate:	
9) Alternate Vehicle Make:	10) Model:
11) Color:	12) Year:
13) License Plate:	

SECTION B: Additional Carpool Members

14) Name:	15) Department:	16) Phone:
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Vehicle Information *(List only vehicles which are registered to employee named in Block 14)*

17) Vehicle Make:	18) Model:
19) Color:	20) Year:
21) License Plate:	
22) Alternate Vehicle Make:	23) Model:
24) Color:	25) Year:
26) License Plate:	

27) Name:	28) Department:	29) Phone:
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Vehicle Information *(List only vehicles which are registered to employee named in Block 27)*

30) Vehicle Make:	31) Model:
32) Color:	33) Year:
34) License Plate:	
35) Alternate Vehicle Make:	36) Model:
37) Color:	38) Year:
39) License Plate:	

40) Name:	41) Department:	42) Phone:
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Vehicle Information *(List only vehicles which are registered to employee named in Block 40)*

43) Vehicle Make:	44) Model:
45) Color:	46) Year:
47) License Plate:	
48) Alternate Vehicle Make:	49) Model:
50) Color:	51) Year:
52) License Plate:	

SECTION C: Employee Signatures *(Each member of the carpool must read the statement which follows and sign below)*

We, the undersigned, certify that we meet the eligibility requirements set forth in the Fort Belvoir Community Hospital Parking Policy. We understand that we are entitled to use the Carpool parking spaces **ONLY** on the days we carpool to work.

53) Signature:	54) Date:
55) Signature:	56) Date:
57) Signature:	58) Date:
59) Signature:	60) Date:

SECTION D: Department Chief, Officer-In-Charge or Senior Enlisted Leader Signature

(The Primary Carpool Member's Department Chief, OIC or SEL signature is required)

61) Name:	62) Department:	63) Phone:
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64) Signature:	65) Date:
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SECTION E: For Security Department Use Only

66) Permit is :	Approved	Not Approved	67) Security Representative:
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68) Permit Number:	69) Date:
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70) Signature:	
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