Department of Transportation
Division of Parking Management

Application for Parking in Rockville Core

(Note: this form is only for those who do not have access to the online application system)

Name: _____ **Date:** _____

Department/Organization: _____

Title: _____ **Grade:** _____

County Email Address: _____ **@ montgomerycountymd.gov**

or other Email Address: _____@ _____

Status:

- ☐ **Full/Part Time**
- ☐ **Contractor**
- ☐ **Temporary**
- ☐ **Unpaid Volunteer/Intern ****
- ☐ **Board / Commission Member***
- ☐ **Other:** _____

* **Name of Liaison:** _____

** **End date of Volunteer / Internship position:** _____

☐ **I am requesting Disabled Parking privileges** *(Must forward a copy of your MVA Disability Certification Card)*

☐ **I am requesting Car Pool Parking privileges** *(Forward carpool participants and info. Email address at bottom of form)*

☐ **I am requesting a Special Exemption for Priority Parking** *(A Parking Exemption Form must also be submitted)*

Personal Vehicle Information

Make and Model	State	Tag Number

County Vehicle Information

Tag Number	Stock #	Usage		
		Take Home ☐	Assigned ☐	Pool Car ☐
		Take Home ☐	Assigned ☐	Pool Car ☐

Work Location: _____ (Address, building, floor)

Daytime Phone Number: _____ (Security must be able to reach you)

County ID Card Number: _____ (First 5 digits from the back of the ID Card)

Scan/Email Completed Application to rockvillecoreparking@montgomerycountymd.gov
or Fax to 240-777-8730. For questions call 240-777-8743.

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