

## PENTAGON RESERVATION PARKING PERMIT APPLICATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 2674(c)(1); 42 U.S.C. 7418(d); 5 U.S.C. 7905; E.O. 12191; E.O. 13150; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To administer the Pentagon parking permit program where individuals are allocated parking spaces; to operate vehicular environmental compliance and maintenance programs involving certain vehicles which are operating on the Pentagon Reservation or Federal Office Building 2 (FOB2); and to ensure that unless authorized to do so, parking permit applicants do not also receive the DoD National Capital Region Public Transportation fare subsidy benefit.

**ROUTINE USE(S):** Other Federal agencies may receive permit application information to ensure that only eligible individuals are receiving the mass transportation fare subsidy benefit. The EPA may receive permit application information to ensure that vehicles operating on the Pentagon Reservation and FOB2 are in compliance with Clean Air Act requirements. State and local governmental authorities may receive information for the purpose of reporting vehicular compliance with statutory/regulatory maintenance standards.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in denial of the application for a parking permit.

<b>1. LAST NAME</b>		<b>2. FIRST NAME</b>		<b>3. MIDDLE NAME</b>	
<b>4. MAIDEN NAME (If applicable)</b>		<b>5. SOCIAL SECURITY NUMBER</b>		<b>6. E-MAIL ADDRESS</b>	
<b>7. RANK (X one)</b>					
<input type="checkbox"/> a. GENERAL SCHEDULE	<input type="checkbox"/> b. EXECUTIVE SCHEDULE	<input type="checkbox"/> c. SENIOR EXECUTIVE SERVICE	<input type="checkbox"/> d. OFFICER		
<input type="checkbox"/> e. WAGE GRADE	<input type="checkbox"/> f. ENLISTED	<input type="checkbox"/> g. CONTRACTOR		<b>8. GRADE</b>	
<input type="checkbox"/> h. OTHER (Specify)					
<b>9. WORK LOCATION (X one)</b>					
<input type="checkbox"/> a. PENTAGON	<input type="checkbox"/> b. 400 ARMY NAVY DRIVE	<input type="checkbox"/> c. FOB2	<input type="checkbox"/> d. OTHER (Specify)		
<b>10. ROOM NUMBER</b>		<b>11. WORK TELEPHONE NUMBER (Include area code)</b>		<b>12. HOME ZIP CODE (ZIP Code + 4)</b>	
<b>13. DEPARTMENT (X one)</b>				<b>14. AGENCY/DIVISION</b>	
<input type="checkbox"/> a. ARMY	<input type="checkbox"/> b. AIR FORCE	<input type="checkbox"/> c. NAVY	<input type="checkbox"/> d. DEPARTMENT OF DEFENSE		
<input type="checkbox"/> e. OFFICE OF THE SECRETARY OF DEFENSE		<input type="checkbox"/> f. OTHER (Specify)			
<b>15. VEHICLE TAGS</b>					
a.(1) LICENSE PLATE NUMBER	(2) STATE	b.(1) LICENSE PLATE NUMBER	(2) STATE	c.(1) LICENSE PLATE NUMBER	(2) STATE
d.(1) LICENSE PLATE NUMBER	(2) STATE				
<b>16. CAR POOLS AND VAN POOLS (X one)</b>					
<input type="checkbox"/> a. 2M	<input type="checkbox"/> b. 3M	<input type="checkbox"/> c. 4M	<input type="checkbox"/> d. VAN POOL (7 or more members)		
<b>17. ARE YOU APPLYING FOR AN INDIVIDUAL PERMIT?</b>			<b>18. DO YOU RECEIVE METRO SUBSIDY?</b>		
<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO			<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
<b>CERTIFICATION PERTAINING TO CAR POOL</b>					
I certify that I actively participate as a member of a reserved car pool. I understand that active participation means that I ride to and from work as a member of the car pool except when on leave or other situations that would preclude travel on any given day, for a distance of at least five miles. Further, I understand that administrative action will be taken to revoke my parking privilege for falsifying my participation.					
<b>19.a. PRINCIPAL MEMBER SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>		<b>20.a. APPLICANT SIGNATURE</b>	
<b>FOR OFFICE USE ONLY</b>					
<b>21. PERMIT TYPE</b>		<b>22. ISSUE TYPE (X one)</b>		<b>23. TRANSACTION TYPE (X one)</b>	
		<input type="checkbox"/> a. NEW <input type="checkbox"/> b. REPLACE <input type="checkbox"/> c. DUPLICATE		<input type="checkbox"/> a. SPECIAL <input type="checkbox"/> b. DISABLED <input type="checkbox"/> c. EXCEPTION	
<b>24. FOB2 ONLY</b>			<b>25. PERMIT NUMBER</b>		<b>26. PERMIT EXPIRATION DATE (YYYYMMDD)</b>
<input type="checkbox"/> a. LOT NUMBER (1 - 6)		<input type="checkbox"/> b. COMPOUND LETTER (A-O) AND SPACE NUMBER			
<b>27. PROCESSOR NAME (Last, First, Middle Initial)</b>		<b>28. PROCESSOR SIGNATURE</b>		<b>29. SIGNATURE DATE (YYYYMMDD)</b>	