University of Idaho
Parking and Transportation Services

Submit by Email | Print Form

phone: (208) 885-6424
fax: (208) 885-4219
E-mail: parking@uidaho.edu
Web: www.uidaho.edu/parking

Departmental Permit
Guidelines for Use

1. Departmental permits are intended for use by University of Idaho employees to use while attending meetings or doing work related errands at a location on campus other than their office or building

2. Departmental permits are not intended for daily parking, visitors, personal use, or student use, and are subject to revocation for misuse

4. The Departmental permit price follows the price of the annual Gold permit

5. Departmental permits validate parking for **2.5 hours** in the following areas: designated spaces posted as "Reserved for Departmental permits", any regular space in any color permitted lot, meters, pay station lots or timed spaces

6. Departmental permits are NOT VALID in any of the following locations: visitor spaces, service or delivery spaces, disability spaces, reserved spaces (other than designated Departmental permit reserved spaces), campus walkway system, any area posted as "no parking 2 a.m. to 6 a.m., and any area not designated as a parking space (fire lane, yellow curb)

7. Parking in any of the spaces/locations listed in number 6, above, with a departmental permit may result in citation and/or fine

These guidelines constitute a partial list of campus parking regulations specific to Departmental permits. Campus maps and the complete parking regulations are available at www.uidaho.edu/parking.

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Departmental Permit Application

Name: _____ Title: _____

Department Name: _____ Phone: _____

Office Address: _____ E-mail: _____

Budget #: _____ Campus Zip: _____

Note: When processed, budget will be charged directly.

Please select a delivery method for the Departmental permit: ☐ Campus Mail ☐ Pick-up at Parking Office

Departmental permits are not intended for daily parking, personal use, visitor use, or student use, and are subject to revocation for misuse. Use of a Departmental permit must be in accordance with the University of Idaho Parking Regulations. Complete regulations, maps and updates are available at www.uidaho.edu/parking.

Justification; please describe the frequency of use and purpose for the requested Departmental permit: _____

description continued: _____

description continued: _____

By signing below, I certify that the above information is true to the best of my knowledge. I understand that the department is responsible for the use of a Departmental permit. **I further understand that it is the responsibility of the applicant and/or driver to read and follow all University of Idaho Parking Regulations. I also understand that this permit is NOT to be used for personal use or daily parking.**

Applicant Signature: _____ Date: _____

** Electronic signature is acceptable*

The below section is to be completed by Dean, Director, Department Head, or Manager if applicable:
I certify that the above information is true to the best of my knowledge. I verify that the requested Departmental permit is necessary for conducting university business as specified in the University of Idaho Parking Regulations and that the department meets all requirements for obtaining a Departmental permit.

Signature: _____ Title: _____

** Electronic signature is acceptable*

Department: _____ Date: _____

Office Use Only

Date Received: _____ Budget Charged on: _____ Permit #: _____

Date Processed: _____ Fulfilled by: _____