

PENTAGON RESERVATION PARKING PERMIT APPLICATION
 (Read Agency Disclosure Notice and Privacy Act Statement on back before completing form.)

OMB No. 0704-0395
 OMB approval expires:
 XXXXXXXX

| | | | | | | | |
|---|-------------------------------------|----------------------------|--|--|---|--|--------------------------------------|
| 1. LAST NAME | | 2. FIRST NAME | | 3. MIDDLE NAME | | | |
| 4. SOCIAL SECURITY NUMBER | | | 5. WORK E-MAIL ADDRESS | | | | |
| 6. RANK (X one) | | | | | | | |
| <input type="checkbox"/> | a. GENERAL SCHEDULE | | <input type="checkbox"/> | b. SENIOR EXECUTIVE SERVICE | | <input type="checkbox"/> | c. WAGE GRADE |
| <input type="checkbox"/> | d. OFFICER | | <input type="checkbox"/> | e. ENLISTED | | <input type="checkbox"/> | f. CONTRACTOR |
| <input type="checkbox"/> | g. AD (Administratively Determined) | | <input type="checkbox"/> | h. OTHER (Specify) | | | |
| 7. GRADE/RANK | | | 8. WORK LOCATION (X one) | | | | |
| <input type="checkbox"/> | | | a. PENTAGON | | <input type="checkbox"/> | | b. MARK CENTER |
| <input type="checkbox"/> | | | c. SUFFOLK | | <input type="checkbox"/> | | d. OTHER (Specify) |
| 9. ROOM NUMBER | | | 10. WORK TELEPHONE NUMBER (Include area code) | | | | 11. HOME ZIP CODE |
| 12. DEPARTMENT (X one) | | | | | | 13. AGENCY/DIVISION | |
| <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) | | | | | | |
| 14. VEHICLE TAGS | | | | | | | |
| 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 |
| 15. CAR POOLS AND VAN POOLS (X one) | | | | | | | |
| <input type="checkbox"/> | a. CAR POOL (2 or more members) | | | <input type="checkbox"/> | b. VAN POOL (7 or more members) | | |
| 16. ARE YOU APPLYING FOR A SINGLE OCCUPANCY VEHICLE (SOV) PERMIT? | | | | 17. DO YOU RECEIVE METRO SUBSIDY? | | | |
| <input type="checkbox"/> | a. YES | | <input type="checkbox"/> | b. NO | | <input type="checkbox"/> | a. YES |
| <input type="checkbox"/> | b. NO | | <input type="checkbox"/> | a. YES | | <input type="checkbox"/> | b. NO |
| CERTIFICATION PERTAINING TO CAR/VAN POOL | | | | | | | |
| I certify that I actively participate as a member of a reserved car/van pool. I understand that active participation means that I ride to and from work as a member of the car/van 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. | | | | | | | |
| 18.a. CAR/VAN POOL PRIMARY SIGNATURE | | | b. DATE (YYYYMMDD) | | 19.a. SOV APPLICANT/MEMBER SIGNATURE | | b. DATE (YYYYMMDD) |
| 20.a. CPR/AUTHORIZING OFFICIAL SIGNATURE | | | b. DATE (YYYYMMDD) | | | | |
| FOR OFFICE USE ONLY | | | | | | | |
| 21. PERMIT TYPE | | | 22. PERMIT NUMBER | | | 23. PERMIT EXPIRATION DATE (YYYYMMDD) | |
| 24. PROCESSOR NAME (Last, First, Middle Initial) | | | | 25. PROCESSOR SIGNATURE | | | 26. SIGNATURE DATE (YYYYMMDD) |

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE PARKING PERMIT OFFICE TO WHICH YOU ARE APPLYING.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2674, Operation and control of Pentagon Reservation and defense facilities in National Capital Region; Administrative Instruction 88, Pentagon Reservation Vehicle Parking Program; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To manage the Pentagon Facilities Parking Program for DoD civilian, military, and contractor personnel applying for and in receipt of Pentagon parking permits. Records are also used to ensure DoD military personnel and civilians are not in receipt of both an issued parking pass and mass transit benefits.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended.

Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use.

The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found online at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

The applicable Privacy Act System of Records Notice is DWHS D04, Pentagon Facilities Parking Program found at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570582/dpfpa-02.aspx>.

DISCLOSURE: Voluntary, however, failure to provide the requested information may require additional time to process the application or result in denial for a parking permit.