

DRIVING A COMPANY VEHICLE THAT IS REGISTERED IN VIRGINIA

Permit Applicant Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Unit No _____

City/State/Zip _____

Phone Number _____ Drivers License Number _____

Applicant Signature _____ Date _____

I understand that by solely submitting this manual application I will not receive a replacement permit when it expires. Automatic renewal requires that I register online, connect to my account and request automatic renewals unless I have already done so.

Vehicle Owner/Leasee Information

Company Name _____

Address _____

City/State/Zip _____

Vehicle Information

VIN _____ Plate No _____ State _____

Make _____ Model _____ Year _____

VA Personal Property Tax No. for vehicle _____
(excludes government issued vehicle)

_____ has possession of our company vehicle and has permission to obtain and use a Residential Parking Permit at their residential address above in Fairfax County, VA.

I affirm that we are the legally registered owner or lessee of the vehicle listed above and that all information provided is correct and accurate to the best of my knowledge. I hereby grant authorization to the Department of Tax Administration and the Virginia Department of Motor Vehicles to release registration information for this vehicle to the Department of Transportation for verification purposes.

Sign _____ Date _____