

DRIVING A COMPANY VEHICLE

**Permit Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ Unit No \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Vehicle Owner/Leasee Information:**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Vehicle Information:**

VIN \_\_\_\_\_ Plate No \_\_\_\_\_ State \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

**In state vehicle:** VA Personal Property Tax No. \_\_\_\_\_  
(excludes government issued vehicle)

**Out of state:** Fairfax County Personal Property Tax No. \_\_\_\_\_  
(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 true and accurate to the best of my knowledge. I hereby grant authorization to the Department of Tax Administration to release registration information for this vehicle to the Fairfax County Department of Transportation for verification purposes.

Sign \_\_\_\_\_ Date \_\_\_\_\_

