

AMERICAN UNIVERSITY OF BEIRUT

APPLICATION FOR PARKING PERMIT (FORM A)

1. I hereby apply to the American University of Beirut to drive my car on Campus or Medcent Underground Parking. As a condition of my application, I recognize that I am using private university property, and I agree to abide by university regulations regarding traffic, speed, parking assignment and time limits.
2. I acknowledge that the campus is intended mainly for the use of pedestrians. I agree to give the right-of-way to pedestrians at all times and keep the speed of my car within the limits indicated and under no circumstance exceed 15 km per hour.
3. I further acknowledge that permission to drive and park my car on campus is not a right, and that it is a temporary privilege that can be withdrawn by the University at any time.
4. I agree that parking authorization will automatically cease at the end of the period for which it was issued. I also agree that granting of permission under this application for a particular period does not necessarily obligate a similar permission in the future.
5. I recognize that the University has an obligation to eliminate hazards on its property, therefore, I grant the University permission to tow my car at my expense whenever my car is:
 - a. Not parked within a parking space.
 - b. Parked without fixing the sticker in a conspicuous place.
 - c. Parked in such a way as to cause an obstruction.
 - d. Parked in a manner that may be a hazard to pedestrians, traffic, or property.
6. I agree that I will park my vehicle in the area for which I am eligible. If I park in an unauthorized area, and if the University does not elect to cancel my parking privilege as provided in (3) above, or does not elect to tow my car as provided in (5) above, I hereby grant permission to the University to make additional parking charges for me for each day or part of a day on which my vehicle is parked in that location.
7. I certify that I have taken out and will maintain insurance protection in an amount of at least \$50,000 to cover liability risk to third parties. I hereby acknowledge that the University is not responsible and is hereby absolved of any and all normal or legal responsibilities for any damage caused to my car, including its theft or the theft of its contents, as well as damages or injuries to persons driving or riding in it on university property, and, furthermore, I agree to compensate the University for any damages caused by my car to any university property, or for claims made by others against the University for damages caused to them by my car or its presence on campus.
8. I hereby grant permission to the University to deduct, if it so elects, any charge for towing additional parking fees and/or damages as in (5), (6), and (7) above, from my monthly salary or any other moneys due to me.
9. **Upon selling, changing, or disposing of vehicle, I will return the old sticker to Auxiliary Services.**

Please Note:

1. All applications must be accompanied with:
 - copies of both insurance policies: the mandatory bodily injury and the material damage
 - a copy of the vehicle registration document
 - a copy the driver's license document
 - Only if the applicant is living on Campus and his dependents need to use the car to access their household, a copy of the driving license of each dependent should be provided to Auxiliary Services.
2. Overnight parking is permitted for campus residents only.
3. Other persons may park for any length of time while they are actually present on campus.

All information and documents required by this application must be provided; otherwise, the application will not be considered. For more information, call extension 3510.

Kindly read the following instructions and abide by the parking policy included under the Policies and Procedures and in our web site

(URL: <http://staff.aub.edu.lb/~webaux/parking/>)

Date: _____ Signature: _____

Approved by dean or director: _____

(Please fill application form on the reverse side)

NAME (PRINT) _____ PAYROLL NO. _____

FIRST MIDDLE FAMILY TITLE: _____

FACULTY: _____ DEPARTMENT: _____

DRIVER LICENSE (For dependents living on Campus ONLY): _____

CAMPUS RESIDENT: YES: ____ NO: ____ TEL NO: Home: _____ Office: _____

ADDRESS: _____

	FIRST CAR	SECOND CAR	
REGISTRATION IN THE NAME OF	_____	_____	
CAR BRAND	_____	_____	
PLATE NO.	_____	_____	
INSURANCE			
A. COMPANY'S NAME	_____	_____	
B. POLICY NO.	_____	_____	
C. EXPIRY DATE	_____	_____	
DESIRED* PARKING AREA	_____	_____	

* Indicate policy area: (1) Upper Campus (2) Lower Campus (3) U.G.P Upper Level
(4) U.G.P Lower Level (5) for Corporation Yard (6) for Hostler Center (7) OSB

Indicate method of payment (see fee schedule):

- Payment deducted monthly from salary
- Payment deducted one lump sum from salary
- Cash or check (payment at Comptroller's after issuance)
(of invoice from Auxiliary Services)

Signature (for salary deductions): _____

<u>For Auxiliary Services Use</u>	
Fees (L.L.):	_____
VAT:	_____
Total Amounts:	_____

FOR AUXILIARY SERVICES USE ONLY

	FIRST CAR	SECOND CAR	UG CARD NO.
PARKING AREA ASSIGNED			
PARKING PERMIT NO.			

DATE: _____ SIGNATURE (DIRECTOR AS): _____

APPLICANT RECEIVED: STICKER DATE: _____

I AGREE TO ABIDE BY THE PARKING POLICY SIGNATURE: _____