# Office of State Buildings
## State of Louisiana
Division of Administration

JOHN BEL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

## Parking Permit Registration Form

**OSB Security Office's Telephone Number: (225) 219-4799**
**Fax the completed and signed form to (225) 219-9309**

### Employee's Information

**First Name:** _____ **M.I.** ____ **Last Name:** _____
**Agency:** _____ **Building Name:** Welcome Center
**Telephone (work):** _____

### Vehicle and Decal No. Information

| **If you have been issued a surface lot "Parking Gate Access Card" (White Card), please provide the Card # in the box below:** | |
|---|---|
| **Card No.** | |

| Number of Vehicles | Vehicle License Number | For OSB Internal Use<br>Decal # Issued |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

### Terms and Conditions

By signature below, I acknowledge and agree that the parking decal(s) I am issued, permitting me to park in a state owned parking lot and/or Garage under the supervision of the Office of State Buildings, are for my personal use of my privately owned vehicle(s). I understand that:

1. I must display the parking decal in the manner as noted on the bottom of this form.
2. I am not permitted to park in a FIRE ZONE, in a space marked for HANDICAPPED persons (unless I have a handicapped permit), in a space RESERVED for others, in a NO PARKING area, in a DRIVEWAY or in LOADING ZONES.
3. I am not permitted to park on lawns, sidewalks, grassed areas, in construction areas, or where parking will physically mar landscaping, create a safety hazard, interfere with the use of facilities, or hinder the free movement of traffic.
4. The decal must be displayed on the front windshield directly above or below the state inspection sticker. No other location will be acceptable.

_____ _____
**Employee Signature** **Date**

_____ _____
**Parking Coordinator Signature** **Date**

**NOTE for SIGNATURE: Please do not type. Signature is required.**