



**Department of Transportation  
Division of Parking Management**

**Application for Parking in Rockville Core**

(Note: this form is only for those who do not have access to the online application system)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/Organization:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**County Email Address:** \_\_\_\_\_ @ **montgomerycountymd.gov**

or other Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**Status:**

|   |   |
|---|---|
| <input type="checkbox"/> Full/Part Time             | <input type="checkbox"/> Contractor                 |
| <input type="checkbox"/> Temporary                  | <input type="checkbox"/> Unpaid Volunteer/Intern ** |
| <input type="checkbox"/> Board / Commission Member* | <input type="checkbox"/> Other: _____               |

\* Name of Liaison: \_\_\_\_\_

\*\* End date of Volunteer / Internship position: \_\_\_\_\_

- I am requesting Disabled Parking privileges *(Must forward a copy of your MVA Disability Certification Card)*
- I am requesting Car Pool Parking privileges *(Forward carpool participants and info. Email address at bottom of form)*
- I am requesting a Special Exemption for Priority Parking *(A Parking Exemption Form must also be submitted)*

**Personal Vehicle Information**

| Make and Model | State | Tag Number |
|----------------|-------|------------|
|                |       |            |
|                |       |            |
|                |       |            |

**County Vehicle Information**

| Tag Number | Stock # | Usage                           |                                |                                |  |
|------------|---------|---------------------------------|--------------------------------|--------------------------------|--|
|            |         | Take Home <input type="radio"/> | Assigned <input type="radio"/> | Pool Car <input type="radio"/> |  |
|            |         | Take Home <input type="radio"/> | Assigned <input type="radio"/> | Pool Car <input type="radio"/> |  |

**Work Location:** \_\_\_\_\_ (Address, building, floor)

**Daytime Phone Number:** \_\_\_\_\_ (Security must be able to reach you)

**County ID Card Number:** \_\_\_\_\_ (First 5 digits from the back of the ID Card)

Scan/Email Completed Application to [rockvillecoreparking@montgomerycountymd.gov](mailto:rockvillecoreparking@montgomerycountymd.gov)  
or Fax to 240-777-8730. For questions call 240-777-8743.