

**New Mexico State University**  
**Transportation and Parking Services**  
**Departmental Placard Request Form**

**Section 1: (Please Print Legibly or Type) REQUESTOR INFORMATION**

Today's Date is: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Campus Box: \_\_\_\_\_

**Instructions:**

1. **All areas are required**
2. Print Form
3. Signature of Department Head is required.
4. Submit this Form:
  - a. **Via Campus Mail: MSC 3PAR**
  - b. **As a PDF attachment to email address: placard@nmsu.edu**
  - c. **Fax to 646-7814**

**Department Information**

Full Department Name: \_\_\_\_\_

Department Head Name: \_\_\_\_\_

Department Address: \_\_\_\_\_

**Index Number:** \_\_\_\_\_ **Fund Number:** \_\_\_\_\_

**Placard Information**

**PLEASE PROVIDE ONE PLACARD NUMBER FROM A PREVIOUS YEAR:** \_\_\_\_\_

**PLEASE PROVIDE THE UID #** (Located on the placard under the Department name) : \_\_\_\_\_

Departmental Loading/Unloading Placard:  Quantity: \_\_\_\_\_

Departmental Visitor Placard:  Quantity: \_\_\_\_\_

Special Designation Placard:  Quantity: \_\_\_\_\_

(Ex.: Speech & Hearing, ) Special

Designation Placard Purpose: \_\_\_\_\_

**Section 2: (Must be completed) APPROVAL**

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: PICKUP**

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date Customer Notified: \_\_\_\_\_ Notified By: \_\_\_\_\_ Notification Method: E-mail:  Phone:

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Receipt #: \_\_\_\_\_