



**MIAMI DADE COLLEGE
PUBLIC SAFETY DEPARTMENT**



Employee Parking Decal and Gate Card Request Form

Decal + Gate Card

Decal Only

Gate Card Only

Driver Information:

Name: (Last name, First):

Work Information:

Campus Department Name Location (Rm.#)

Phone Number Chairperson's Name Full Time / Part Time

Chairperson's Signature
(Gate Card Requires Signature)

Vehicle Information:

Vehicle Make Model Year Color

License Plate # State of Registration

Signature Date

(TO BE COMPLETED BY THE PUBLIC SAFETY DEPARTMENT ONLY)

Decal #: _____ Issued by: _____

Gate Card #: _____ Form of I.D. Provided: _____