



USAID Motorcycle Parking Application

PRIVACY ACT STATEMENT

AUTHORITY: The Federal Property and Administrative Services Act of 1949 (40 U.S.C. para 471 et seq) and 41 CFR 102.74.305.
PURPOSE: To allocate and provide administrative controls over allocated parking permits in facilities under the jurisdiction of USAID.
ROUTINE USES: While the form itself is voluntary, your submission indicates that you agree to share the information recorded on the form. Your information may be used to facilitate ride sharing agreements. We may share your information to service providers, like parking garage operators, to facilitate various administrative activities, such as: processing payments, locating vehicles, reserving spaces in parking structures, etc. The information may also be disclosed for civil or criminal law or regulatory enforcement purposes to another agency or tribunal in response to a written request from that agency's head or an official who has been delegated such authority. Those individuals who do not submit a form or fail to supply all of the information requested on this form may delay or prevent approval of their application.

USAID Direct Hires and PSC's applying for a motorcycle permit must complete this application and return to transitbenefitprogram@usaid.gov. Once received, M/MS will respond to the request within two business days. For more information about motorcycle parking permits, please refer to [ADS 514](#).

Motorcycle parking is recertified annually. All participants must resubmit this application during this process.

- New application** **Annual recertification**

Motorcycle Applicant Information

Full Name: _____ Date: _____

Wk. Phone: _____ Wk. Email: _____

Bureau/Office/Division: _____

USAID building for which you are requesting parking: _____

Please check to acknowledge the following:

- I certify that I am not participating in USAID's Transit Program.
- I agree to make payments in pay.gov by the 10th of each month for RRB.
- I agree to follow the parking vendor's payment procedures for all other USAID parking facilities.
- I understand that if I am delinquent in making payments, my parking will be revoked.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____