



South Carolina Department of Public Safety

Office of Human Resources

Parking Sticker Request Form

Name _____

Social Security Number _____

Division _____

Work Phone _____

Vehicle Make _____

Model _____ Year _____

License Tag Number _____

Signature

Date

By signing the above document, I agree to remove this sticker when my employment with the Department of Public Safety ends. I also agree to remove this sticker if ownership of this vehicle transfers.

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