



# STC Traffic & Parking Awareness Examination

Name: \_\_\_\_\_ A #: \_\_\_\_\_

Permit #: \_\_\_\_\_ Classification:  Student  Faculty/Staff Other: \_\_\_\_\_

**Please fill out the following vehicle information:**

Make/Model/Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

**Please choose from the following:**

- Training in lieu of payment of first \$30.00 citation.
- Training to reduce outstanding citations by 50%.

**Please provide the following citation information:**

Citation #: \_\_\_\_\_ Violation: \_\_\_\_\_ Amount: \_\_\_\_\_

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Citation #: \_\_\_\_\_ Violation: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ I understand that this is a onetime examination given by the STC Department of Public Safety.

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

**STC Department of Public Safety Use Only**

**Outcome of Awareness Examination**

- Appeal Submitted  Appeal Not Submitted
- Passed: \_\_\_\_\_  Failed: \_\_\_\_\_
- Waive first citation of \$30.00  Reduce total amount due by 50%: \_\_\_\_\_

Comments: \_\_\_\_\_

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

**Department of Public Safety**

**Phone: 956.872.2589**

**Fax: 956.872.2372**