



Vehicle Registration Form

PLEASE PRINT

NAME:

Last

First

Middle

STREET ADDRESS:

CITY:

STATE:

ZIP:

MAKE OF VEHICLE:

MODEL OF VEHICLE:

LICENSE TAG NUMBER:

LICENSE TAG STATE:

STATUS: STAFF

circle one ➔ Full Time/Pt. Time

FACULTY

circle one ➔ Full Time/Pt. Time

DEPARTMENT:

SUPERVISOR:

SUPERVISOR SIGNATURE: _____

PUBLIC SAFETY USE ONLY:

DECAL # _____

DATE ISSUED: _____

AUTHORIZED BY: _____

Effective 3/8/2006
PS-011



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Effective 3/18/2010
PS-011