

Vohicle Pogist

	Vehicle Registr	ation Form	
PLEASE PRINT NAME: Last	First	Middle	PUBLIC SAFETY USE ONLY: DECAL #
STREET ADDRESS:			DATE ISSUED:AUTHORIZED BY:
CITY:	STATE:	ZIP:	AUTHORIZED BY.
MAKE OF VEHICLE:	MODEL OF VEHIC	LE:	
LICENSE TAG NUMBER:		LICENSE TAG ST	ATE:
STATUS: STAFF circle one Full Time/Pt. Tim FACULTY circle one Full Time/Pt. Tim	SUPERVISOR:	GNATURE:	
Effective 3/8/2006 PS-011			
	EDISON S COLLEGE Vehicle Registr	iE	

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STREET ADDRESS:			DATE ISSUED:		
STREET ADDICESS.			AUTHORIZED BY:		
CITY:	STATE:	ZIP:			
MAKE OF VEHICLE:	MODEL OF VEHICLE:				
LICENSE TAG NUMBER:		LICENSE TAG STATE	::		
STATUS: STAFF	DEPARTMEN'	DEPARTMENT:			
☐ Full Time ☐ Pt. Time ☐ FACULTY	Time SUPERVISOR	SUPERVISOR:			
	Time SUPERVISOR	SUPERVISOR SIGNATURE:			