



# Vehicle Registration

## Department of Campus Safety

Please PRINT all information

ID Number: \_\_\_\_\_

DECAL NUMBER: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Check one category:
<input type="checkbox"/> Staff
<input type="checkbox"/> Faculty
<input type="checkbox"/> Commuter Student
<input type="checkbox"/> Resident Student
<input type="checkbox"/> Aramark
<input type="checkbox"/> Valley

### Vehicle Information

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

State

Number

Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Street or Post Office box number

City

State

Zip Code

Phone Number

Local Address: \_\_\_\_\_

Street or Post Office box number

City

State

Zip Code

Owner of Vehicle (if not student): \_\_\_\_\_

City

State

Zip Code

Issuing Officer: \_\_\_\_\_

All parts of this form must be complete prior to receiving your parking decal.