

DEPARTMENT OF SAFETY

Do not write in this box OFFICE USE ONLY	-
Date	
Permit No.	
Lot Assignment:	

Employee Vehicle Registration

All information contained in t	he gray box MUST be filled in prior	r to submission or it wi	ll be returned.	***
The below information is:	Updated Vehicle Information New Vehicle Information (I	NEED a hang tag/sticker	and parking assignment)	
Name:	Mail Box #:	Please check or O Full Time E O Part Time E	mployee OFull Time Faculty mployee OPart Time Faculty umber:	y :y =
Driver's License Number:		State:	9 9	
Please list all vehicles when	n updating information.			
Vehicle #1				
License Plate:	State:			
Vehicle Make:	Model:	Year:	Color:	T.
Vehicle #2				
License Plate:	State:			
Vehicle Make:	Model:	Year:	Color:	
Vehicle #3				
License Plate:	State:			
Vehicle Make:	Model:	Үеат:	Color:	_
Vehicle to be removed/repla	aced			
Vehicle Make:	Model:	Year:	Color:	_
one hanging permit per emp you will need to hang this p	nformation on all vehicles that you bloyee. This permit is interchanges ermit from the rear view mirror of it permit, you need to park in you to your permit.	able among all the vel the vehicle you drive	nicles listed above. Subsequen on a given day. In the event	ntly, you
By signing below, I certify the	concerns, please call Dispatch at hat the above information is corre- urn the permit or I will be assessed	ct. I understand that i		vith
Plea	se return this form to the Depart	tment of Safety at Su	ite 3026.	

Signature: _

Date: _