

## **VEHICLE REGISTRATION FORM**

## YOU MUST HAVE A VALID LICENSE PLATE REGISTERED TO GAIN ACCESS TO YOUR WEEKDAY LOTASSIGNMENT (determined by Cost Center, verify with your manager)

	EMPLOYEE ID NUMBE	R
		Cellphone Number
NAME:	last	
mət	1601	
TITLE:		BSN MSN DNP PhD PharmD
		APPROVED CREDENTIALS: ircle if applicable
COST CENTER - DEPT	NAME	
	VEHICLE INFO	DRMATION
Vehicle #1		
	LICENSE PLATE	
MAKE	MODEL	
If you may be driving mo vehicle information belo		e, on a regular basis, please write in the additional
Vehicle #2		
	LICENSE PLATE	
MAKE	MODEL	
* To obtain access to a	a parking lot, you must have a license	plate number on file
* * Violating your parki	ing assignment, and parking in other areas	s on campus while working, may result in

immobilization of your vehicle with a boot, \$25 fee. Please review the Parking Policy, available via Policy Tech

Manager's	Signature	for Approval
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DATE