

Virginia State University
Academic Year 2002-2003
EMPLOYEE
Motor Vehicle Registration Application
Please Print Legibly

EMPLOYEE Information			
Last Name _____		First Name _____ MI _____	
School/Local Address _____			
City, State and Zip Code _____			
Social Security Number _____		Phone Number _____	
Campus Box Number _____	Office _____	Phone _____	Number _____
Department Name _____		*Department Number _____	
*(Please choose the department Number from the attached listing)			
Owner Information (If different from above)			
Last Name _____		First Name _____ MI _____	
Home Address _____			
City, State and Zip Code _____			
Social Security Number _____		Phone Number _____	
Vehicle Information (Copy of Valid Vehicle Registration is Required)			
License Plate Number _____		State _____	
License Plate Expire MO/YR _____		Color of Vehicle _____	
Make of Vehicle _____		Model _____	
(Example: Honda)		(Example: Accord)	
Vehicle ID Number _____			

I authorize VSU to withhold through payroll deduction the amount of any past due outstanding parking violations. I understand that I am liable for parking violations issued by the Department of Police and Public Safety. I agree to pay all assessed fines or submit an "Appeal Application" within 5 business days after the alleged violation. I further agree to pay any citations that the Appeals Committee denies within 5 business days of the committees decision. I understand that I will be held responsible for all fees incurred in the efforts to collect any unpaid parking violations.

Signature _____ Date _____

Cashier Use Only

Decal Number _____ Decal Payment _____ Purchase Date _____
Decal Type _____ Lot # _____

Faculty/Staff = FS, Student = ST, Second Decal = SD, Third Decal = D3, Monthly = TP
Transfer/Replacement Decal = TR (Must turn in as much of old decal as possible)

DEPARTMENT/DIVISION NAME	
---------------------------------	--