

Florida A&M University Vehicle Registrant Information

Decal Type/Number : _____

STAFF
 OPS
 FACULTY
 ADJUNCT
 RESIDENT
 COMMUTER
 VENDOR
 VISITOR

PLEASE TYPE

Registrant:

| | | | | | |
|-----------------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|
| Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | State | <input type="text"/> |
| | Last | First | MI | Driver License #: | <input type="text"/> |
| E-Mail Address: | <input type="text"/> | | | Student ID#: | <input type="text"/> |
| Local (Tallahassee) Address: | <input type="text"/> | | | EMPL ID#: | <input type="text"/> |
| <i>Office Address if Employee</i> | Street/P.O. Box/Dorm | Apt. # | City | State/Zip | <input type="text"/> |
| Local/Office Phone | <input type="text"/> | | Permanent Phone #: | <input type="text"/> | |
| Permanent (Home) Address: | <input type="text"/> | | | City | State/Zip |
| | Street | Apt. # | City | State/Zip | <input type="text"/> |

Registered Vehicle Owner:

| | | | | | |
|-------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|
| Registered Owner | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | Last | First | MI | | |
| Local Phone #: | <input type="text"/> | | Permanent Phone #: | <input type="text"/> | |
| Permanent Address | <input type="text"/> | | | City | State/Zip |
| | Street/P.O. Box/Dorm | Apt. # | City | State/Zip | <input type="text"/> |

Vehicle Information

| | | |
|---------------------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Make | Model | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vehicle Identification # | License Plate # | State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature of Registrant: _____ Date _____

By signature and accepting this parking decal/permit, I acknowledge and agree to abide by the governing Parking Rules and Regulations of Florida A&M University.

For Parking Official Use Only:

METHOD OF PAYMENT (Employees only)

CASH
 MONEY ORDER
 CASHIER'S CHECK
 CHECK # & AMOUNT _____

CREDIT/DEBIT CARD
 PAYROLL DEDUCTION
 RECEIPT # : _____

Signature of Parking Official: _____ Date _____