FACULTY/STAFF VEHICLE REGISTRATION FORM

R Banner ID: ______________________ Date ____________________ Permit Number ______________________

APPLICANT'S NAME:
(Circle One)
Dr.
Mr.
Mrs.
Miss
Ms.

Last Name
First Name
Middle Name

WORK ADDRESS:
Office Room #
Department
Phone Number

LOCAL ADDRESS:
Street #
Street Name
Apt. #
City
State
Zip Code
Area Code
Phone Number
Driver's License Number
State

VEHICLE INFORMATION:

<table>
<thead>
<tr>
<th>State Yr</th>
<th>License Plate #</th>
<th>Make</th>
<th>Model</th>
<th>Type (2dr. 4dr. Pickup)</th>
<th>Color</th>
<th>Model Year</th>
</tr>
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</tr>
</tbody>
</table>

REGISTERED OWNER OF VEHICLE:

Last Name
First Name
Middle Name

<table>
<thead>
<tr>
<th>Street #</th>
<th>Street Name</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

EMPLOYMENT STATUS
(Circle Appropriate Letter)

FACULTY
A Full-Time
B Part-Time

STAFF
C Full-Time
D Part-Time

R Research Assistant
T Teaching Assistant
S Student Assistant

Is your son, daughter, or spouse a student? Yes No

Is your son, daughter, or spouse an employee? Yes No

Faculty/Staff Acknowledgement
By accepting this decal, I acknowledge receipt of the “Traffic and Parking Regulations.” I understand that my parking privileges will be canceled upon the termination of employment and that any refund request requires the return of decal remnants.

Signature

PLEASE INDICATE PAYMENT METHOD

Annual Permit Amount $ ____________

☐ Cash

☐ Check No. ____________

☐ Charge Card

Card Number ____________

Expiration Date ____________________

☐ Payroll Deduction

A payroll authorization form must be completed and signed to initiate a payroll deduction. If a $2.00 additional permit fee must be paid by cash, check, or credit card.

Classification/Title ____________________

Name of Dean, Dept. Chairperson, or Supervisor ____________________

With few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; the individual is entitled to receive and review the information; and the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

ATTACHMENT A
HSCEP OP 76.30
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August 14, 2015