

# Florida A&M University

## Vehicle Registrant Information

Decal Type/Number :

STAFF   
  OPS   
  FACULTY   
  ADJUNCT   
  RESIDENT   
  COMMUTER   
  VENDOR   
  VISITOR

PLEASE TYPE

### Registrant:

Name:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Last	First	MI		State
				Driver License #:	<input style="width: 100%;" type="text"/>
				Student ID#:	<input style="width: 100%;" type="text"/>
E-Mail Address:	<input style="width: 100%;" type="text"/>			EMPL ID#:	<input style="width: 100%;" type="text"/>
Local (Tallahassee) Address:	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>Office Address if Employee</i>	Street/P.O. Box/Dorm	Apt. #	City	State/Zip	
Local/Office Phone:	<input style="width: 100%;" type="text"/>			Permanent Phone #:	<input style="width: 100%;" type="text"/>
Permanent (Home) Address:	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Street	Apt. #	City	State/Zip	

### Registered Vehicle Owner:

Registered Owner	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	Last	First	MI		
Local Phone #:	<input style="width: 100%;" type="text"/>			Permanent Phone #:	<input style="width: 100%;" type="text"/>
Permanent Address:	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Street/P.O. Box/Dorm	Apt. #	City	State/Zip	

### Vehicle Information

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Make	Model	Year	Color
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Vehicle Identification #	License Plate #	State	

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 \_\_\_\_\_