

SBTS VEHICLE REGISTRATION FORM

Date: _____

Name: _____ Campus ID#: _____

Please Print

Campus Box: _____ Home Phone: _____ Campus Phone: _____

Dorm or Office Ext.

Check all that apply:

- Commuting Student
- On-campus resident Student
- Student Spouse (living in SBTS on-campus housing)
- Faculty
- Full-time SBTS Administrative Staff
- Full-time SBTS Hourly Employee
- Full-time Contract Employee
- Part-time Contract Employee
- Part-time SBTS Employee (Hourly & Student Associate – DOES NOT include Garrett Fellows, teachers' assistants, etc.)

Title of Part-time position

Complete all Vehicle Information:

_____ MAKE
_____ MODEL
_____ MODEL YEAR
_____ COLOR
_____ LICENSE PLATE #
_____ REGISTRATION STATE

For On-campus Residents only:

Please check **one**.

- | | |
|--|--|
| <input type="checkbox"/> Carver (Black) | <input type="checkbox"/> Foster (Purple) |
| <input type="checkbox"/> Grinstead (Green) | <input type="checkbox"/> Fuller (Purple) |
| <input type="checkbox"/> Springdale (Purple) | |
| <input type="checkbox"/> Manley (Orange) | <input type="checkbox"/> Samuels (Orange) |
| <input type="checkbox"/> Mullins (Orange) | <input type="checkbox"/> Williams (Orange) |
| <input type="checkbox"/> Sampey (Orange) | <input type="checkbox"/> Whitsitt (Orange) |

Please Complete and Return to Security - 3126 Mullins.

OFFICE USE ONLY:

DECAL COLOR _____

DECAL NUMBER _____

DATE ENTERED _____

ENTERED BY _____