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
good to bad

______________________ MODEL
good to bad

______________________ MODEL YEAR
good to bad

______________________ COLOR
good to bad

______________________ LICENSE PLATE #
good to bad

______________________ REGISTRATION STATE
good to bad

For On-campus Residents only:

Please check one.

___ Carver (Black)  ___ Foster (Purple)
___ Fuller (Purple)
___ Grinstead (Green)  ___ Springdale (Purple)
___ Manley (Orange)  ___ Samuels (Orange)
___ Mullins (Orange)  ___ Williams (Orange)
___ Sampey (Orange)  ___ Whitsitt (Orange)

OFFICE USE ONLY:

DECAL COLOR _______________________  DECAL NUMBER _______________________

DATE ENTERED _______________________  ENTERED BY _______________________

Please Complete and Return to Security - Ground Floor of the Duke K. McCall Sesquicentennial Pavilion