



AMSC Police Department Vehicle Registration Form

						Year	
932 ID #				(Office Use Only) Permit #			
Last Name			First Name			MI	
Address			City		State	Zip	
D.O.B / /		Student / Faculty / Staff <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Male / Female <input type="checkbox"/> <input type="checkbox"/>		Telephone #	
Licenses Plate #		State	Make	Model	Year	Color	
Driver's License #				State			
If you are not the registered owner of this vehicle, list the name and phone number of the owner /						Same as above <input type="checkbox"/>	

My signature below indicate that I have read AMSC Card Services Handbook, and agree to comply with the traffic and parking regulations while operating a vehicle on campus.

Signature:	Date:
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