AZUSA PACIFIC UNIVERSITY — Department of Campus Safety

Vehicle Registration Information

A Parking Permit is *MANDATORY* to be able to park on any of the universities properties.

Instructions: Please print in blue or black ink. Complete each item on this form and return it to the DCS office with photocopies of your DMV registration and your Driver's License (Not applicable to FAC/STAFF). Copies cannot be made in the DCS office.
* Faculty and staff may register up to two vehicles. Students may register one vehicle only.

1) CIRCLE ONE: FACULTY / STAFF | ADJUNCT / PT STAFF | GRAD | DEGREE COMPLETION

FRESHMAN | UPPERCLASSMAN | NAME OF REGIONAL CENTER:_____

2) NAME

_____ (LAST) _____ (FIRST) _____ (MI)

3) PERMANENT HOME ADDRESS — **HOME PHONE**

_____ (NUMBER - STREET – APT OR BLDG #) _____ (CITY - ZIP) _____ (AREA CODE – NUMBER)

4) UNIVERSITY HOUSING ADDRESS — **APU BOX #** — **CELL PHONE**

_____ (LIVING AREA – UNIT OR ROOM #) _____ _____ (AREA CODE - NUMBER)

5) OFF-CAMPUS STUDENT ADDRESS — **PHONE**

_____ (NUMBER - STREET-APT or BLDG # -) _____ (CITY - ZIP) _____ (AREA CODE – NUMBER)

6) EMPLOYEE INFORMATION — **PHONE**

_____ (OFFICE or DEPARTMENT) _____ (TITLE and POSITION) _____ (EXTENSION)

7) DRIVERS LICENSE INFORMATION — **EMAIL ADDRESS** — **APU ID #**

____ (STATE) _____ (NUMBER) _____ _____ / _____ / _____

8) VEHICLE INFORMATION

VEHICLE (1): _____ (STATE) _____ (YEAR) _____ (LICENSE PLATES) _____ (MAKE) _____ (MODEL) _____ (COLOR (S))

[ ] 2DR [ ] 4DR [ ] WAGON [ ] PICK-UP [ ] 4X4 [ ] VAN [ ] MINIVAN [ ] CONVERTIBLE [ ] SPORT UTILITY [ ] MOTORCYCLE [ ] OTHER: _____

VEHICLE (2) ONLY FOR FULL-TIME FAC/STAFF:

VEHICLE (2): _____ (STATE) _____ (YEAR) _____ (LICENSE PLATES) _____ (MAKE) _____ (MODEL) _____ (COLOR (S))

[ ] 2DR [ ] 4DR [ ] WAGON [ ] PICK-UP [ ] 4X4 [ ] VAN [ ] MINIVAN [ ] CONVERTIBLE [ ] SPORT UTILITY [ ] MOTORCYCLE [ ] OTHER: _____

9) ACKNOWLEDGEMENT:

I acknowledge that the above information is correct. Providing false information may result in loss of parking privileges.

Signature:_____ Date:_____

FROM THIS POINT ON, CAMPUS SAFETY USE ONLY:

CHECK LIST:

_____ PHOTOCOPY OF DRIVERS LICENSE _____ PHOTOCOPY OF DMV REGISTRATION

APU PERMIT # (S)	. .	DATE OF REGISTRATION
TYPE OF PERMIT		DATE OF EXPIRATION
DATE RECEIVED	RECEIVED BY	CLASSIFICATION
DATE ENTERED	ENTERED BY	DATE PERMIT MAILED

Last Updated: 7/14/2008