

**APPLICATION FOR VEHICLE REGISTRATION**

UT Health Science Campus Police Department

TAG NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER		TODAY'S DATE	
NAME:	(Last)	(First)	(Middle Initial)
ADDRESS:	(Number and Street)	(City)	(State) (Zip)
DEPARTMENT/OFFICE	EXT	JOB TITLE/CLASS RANK	

**VEHICLE INFORMATION:**

LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	COLOR
CHECK ONE:			TYPE OF PERMIT:		
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> New	<input type="checkbox"/> Additional		
<input type="checkbox"/> Faculty	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Renewal	<input type="checkbox"/> Replacement		

CAMPUS POLICE USE ONLY  Payroll Dept  Cash/Check Amount: \$ \_\_\_\_\_