

# Texas A&M University – Central Texas Vehicle Parking Registration Form

Permit Number: _____	Expiration Date: _____
Faculty/Staff <input type="checkbox"/> Adjunct <input type="checkbox"/> Student <input type="checkbox"/>	UIN (if student) _____

Name of Primary Driver: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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## Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Color(s): \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_