



**Ferrum College Police Department
Faculty/Staff Vehicle Registration**

REGISTRANT INFORMATION:

First Name: _____ Last Name: _____

College ID Number: _____ Emergency Contact (Cell): _____

Office Building: _____ Room Number: _____

Driver's License Number & State: _____

HOME ADDRESS:

Address: _____

City: _____ State: _____ ZIP: _____

VEHICLE REGISTRATION:

Make: _____ Model: _____

Year: _____ Color: _____

License Plate Number: _____ State: _____

OFFICE USE ONLY:

Decal issued: _____ Date: _____ / _____ / _____

VEHICLE REGISTRATION:

Make: _____ Model: _____

Year: _____ Color: _____

License Plate Number: _____ State: _____

OFFICE USE ONLY:

Decal issued: _____ Date: _____ / _____ / _____

VEHICLE REGISTRATION:

Make: _____ Model: _____

Year: _____ Color: _____

License Plate Number: _____ State: _____

OFFICE USE ONLY:

Decal issued: _____ Date: _____ / _____ / _____

AFFIRMATION:

Signature: _____ Date: _____ / _____ / _____