

MISSOURI BAPTIST UNIVERSITY VEHICLE REGISTRATION FORM



DRIVER INFORMATION

LAST		FIRST		MIDDLE INITIAL		
ADDRESS			CITY		STATE	ZIP
STUDENT ID#		STUDENT CLASSIFICATION			ON CAMPUS HOUSING	
CONTACT# ()		<input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> DOCTORAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					ON CAMPUS ADDRESS	

VEHICLE INFORMATION

YEAR	MAKE		MODEL	COLOR
LICENSE PLATE NUMBER		ISSUING STATE	EXPIRATION	
REGISTERED OWNER				
ADDRESS		CITY	STATE	ZIP
RELATIONSHIP WITH DRIVER			CONTACT#	

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS PERTAINING TO TRAFFIC, PARKING, AND MOTOR VEHICLE REGISTRATION APPLICABLE AT MISSOURI BAPTIST UNIVERSITY AS SET FORTH IN THE STUDENT HANDBOOK.

X _____
SIGNATURE DATE

OFFICE USE ONLY

ISSUED BY		DATE
X _____		
SIGNATURE		
DECAL NUMBER		
TERM		