SEMINOLE STATE COLLEGE

EMPLOYEE VEHICLE REGISTRATION

NAME ___________________________ Dept. _______________ Decal No. _______________

Vehicle Tag Number: ___________________________

Type Vehicle: Car _______ Pickup _______ Van _______ Other ____________

Make of Vehicle: ____________________________ Model Year _______________

REGISTERED OWNER OF VEHICLE IF OTHER THAN EMPLOYEE:

Name ___________________________ Address ____________________________

Description of Vehicle: (Color, Body Style, Etc.) ____________________________

Note: A separate Registration form must be completed
For every vehicle that you may park on campus.

Date: ____________________________

~ Must be returned to the SSC Business Office ~