

Muhlenberg College Department of Campus Safety
Employee Vehicle Registration Form

Last Name: _____ First Name: _____ Middle Name: _____

Employee ID #: _____ Date of Birth*: _____

Home Address: House #: _____ Street: _____

City: _____ State: _____ Zip: _____

Campus Building: _____ Department: _____ Room #: _____ Floor: _____

Status (circle): Full-time Part-time P.A. Adjunct Temporary Contractor/Vendor

Home Phone # () _____ Campus ext.: _____ Cell Phone #: () _____

E-mail Address (most commonly used): _____

Driver License Number: _____ State: _____

License Plate: _____ State: _____ Plate Expiration: _____ Vehicle Year: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Style (circle): 2-door 3-door 4-door Motorcycle Scooter Bicycle Other: _____

Vehicle Type (circle): Passenger Car Motorcycle Pick-up Truck Bus Cycle Van

Commercial Truck Commercial Trailer Non-commercial Trailer Other: _____

Vehicle Color (major): _____ Vehicle Color (minor): _____

Vehicle Year: _____ VIN/Serial #: _____

Special features: _____

Insurance Company*: _____ Insurance Agent*: _____

Insurance Phone*: _____ Insurance Address*: _____

DEPARTMENT OF CAMPUS SAFETY USE ONLY

Permit Type: Employee Permit Color: _____ Permit Number: _____

Effective: _____ Expires: 8/20/2010 Cost: N/A

Registered By: _____ Date: _____

***Optional Information**