

# Lakeland College Faculty/Staff Vehicle Registration Application

(Please Print All Information)

I.D. No: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Cell) (School Ext. #)

## Description of Vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

License Plate No: \_\_\_\_\_ Permit No: \_\_\_\_\_

## \*Second Vehicle if Needed\*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

License Plate No: \_\_\_\_\_ Permit No: \_\_\_\_\_

## \*Third Vehicle if Needed\*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

License Plate No: \_\_\_\_\_ Permit No: \_\_\_\_\_

**\*NOTE: 1<sup>st</sup> permit is free of charge. 2<sup>nd</sup> permit or replacement for a lost permit is \$5.00 each.\***

I hereby certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date