



Decal# _____

VEHICLE REGISTRATION FORM

COMMONS	SCHOLARS
CENTENNIAL COURT	CIMARRON
COMMUTER	FACULTY AND STAFF
VISITOR	RESERVED

Residential/personal information

Driver's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Campus Apartment: _____ Room# _____

Driver's License Number: _____ State: _____

Home/Cell phone# _____

Email _____

Vehicle Information

YEAR	MAKE	MODEL	PLATE#	STATE	COLOR

VIN# _____

Handicap Placard# & State _____

Insurance Company Information

Insurance Company _____

Effective Date: _____ Expiration Date: _____

Policy Number: _____

I _____, received a copy of the Langston University Police Department rules and regulations, and agree to abide by the rules and regulations printed.

Driver Signature: _____ Date: _____

Issuer: _____ Date: _____