



## VEHICLE REGISTRATION FORM

COMMONS	FACULTY AND STAFF
CENTENNIAL COURT	RESERVED
CIMARRON	COMMUTER
YOUNG HALL	VENDOR
SCHOLARS	VISITOR

**PRINT INFORMATION PLEASE**

**RESIDENTIAL/PERSONAL INFORMATION**

Driver's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Campus Apartment: \_\_\_\_\_ Room# \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home/Cell phone# \_\_\_\_\_

Langston School Email \_\_\_\_\_

CWID# \_\_\_\_\_

**VEHICLE INFORMATION**

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>PLATE#</u>	<u>STATE</u>	<u>COLOR</u>	<u>NOTE</u>

<b>VIN#</b>	
<b>HANDICAP PLACARD#</b>	
<b>STATE:</b>	

**INSURANCE COMPANY INFORMATION**

INSURANCE COMPANY NAME:	
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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Below table is to be completed by LUPD***

**DECAL INFORMATION**

NUMBER:	
DATE ENTERED:	
BY WHOM:	

