



PERMIT NUMBER: \_\_\_\_\_

**UNIVERSITY OF SOUTH ALABAMA  
MOTOR VEHICLE REGISTRATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
(Please print clearly)

Employee J-Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ State: \_\_\_\_\_

*Upon receipt of parking permit you agree to abide by all University Traffic and Parking Regulations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_