

Campus Parking Registration Form

EMPLOYEE VEHICLE REGISTRATION FORM

Please Print

NHC Parking Placard Number: _____ Primary Site: _____

Name: _____

Department: _____

Work Phone: _____ Home Phone: _____

Employment Status: _____ Full time _____ Part time _____ Per diem _____ Other

Assigned Shift: _____ Days _____ Evenings _____ Nights _____ On Call

Work Hours: _____ 8 Hours _____ 10 Hours _____ 12 Hours _____ Other

Vehicle Information

Vehicle #1

Vehicle #2

Vehicle #3

Make _____

Model _____

Color _____

Plate# _____

State _____

Year _____

If you are requesting new or replacement hanging placard, **DO NOT SIGN** form until you receive the hanger in hand.

I need _____ New/Replacement window sticker(s) for my vehicle(s).

This vehicle replaces: _____ Employee Signature: _____

Or Add as additional vehicle: _____ Date: _____

Issuing Officer: _____