

MORGAN STATE UNIVERSITY
MOTOR VEHICLE REGISTRATION

PARKING PERMIT NUMBER:	CUSTOMER I.D. #
RECEIPT #	

Please print and complete in its entirety:

Please Check Your Current Status :

Faculty Staff Visitor Other
Commuter Student Residential Student Vendor _____

PRIMARY DRIVER'S INFORMATION

Name: _____
Last First MI
Campus Address: _____
Campus Phone: _____ Fax: _____ E-mail: _____
Home Address: _____
Home Phone/Other: _____ BANNER I.D. # _____
License#: _____

PRIMARY VEHICLE

Registered Owner's Name: _____
Last First MI
Address: _____
Home Phone/Other: _____
Tag#: _____ Vehicle Year: _____ Expiration Date: _____
Make: _____ Model: _____ Color: _____

SECOND VEHICLE

Owner's Name: _____
Last First MI
Address: _____
Home Phone/Other: _____
Tag#: _____ Vehicle Year: _____ Expiration Date: _____
Make: _____ Model: _____ Color: _____

THIRD VEHICLE

Owner's Name: _____
Last First MI
Address: _____
Home Phone/Other: _____
Tag#: _____ Vehicle Year: _____ Expiration Date: _____
Make: _____ Model: _____ Color: _____

Driver's Signature: _____ **Date:** _____

