



VEHICLE PARKING REGISTRATION

Use this form to register your vehicle for parking tags valid at all CCBC facilities.

OFFICE USE

permit type

permit #

remarks

PERSONAL INFORMATION

banner id # (optional)

PLEASE PRINT CLEARLY

name first last

address street

city state zip

telephone home work mobile

date of birth month day year

handicapped #

please check one
 student
 faculty
 staff
 adjunct faculty/part-time staff
 vendor
 visitor

CCBC EMPLOYEES ONLY

department

campus

bdg.-room

extension

VEHICLE INFORMATION

vehicle 1 make model year color

tag # state expires

owner name owner address

vehicle 2 make model year color

tag # state expires

owner name owner address

vehicle 3 make model year color

tag # state expires

owner name owner address

I certify that the information on this form is correct, that I have received a copy of the CCBC Parking and Traffic Regulations, and that the vehicle(s) is/are for my use. I understand that the parking permit must be correctly displayed in the vehicle at all times while on campus. By signing this form, I promise to obey all traffic and parking regulations while operating my vehicle on campus. I further recognize that campus traffic and parking regulations are designed for the safety of all campus users. I understand that I am responsible for settling all violations promptly either through payment of fines or the established appeals process. I understand that parking on college property is at my own risk and that the college assumes no responsibility in the event of damage and/or theft. Failure to follow campus vehicle regulations may result in your vehicle use privilege being revoked at CCBC.

signature

date