



PRAIRIE VIEW A&M UNIVERSITY

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FACULTY/STAFF VEHICLE REGISTRATION FORM

DATE: _____

PERSONAL INFORMATION:

UIN: _____

NAME: _____

CAMPUS PHONE #: _____

PERMANENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

LICENSE PLATE#: _____ STATE: _____ COLOR: _____

FOR OFFICE USE ONLY:

DECAL# _____

ISSUED BY: _____

PARKING AREA:

_____ FACULTY/STAFF

LOT#: _____

GATE CARD #: _____

RESERVED SPACE: YES ___ NO ___ SPACE #: _____