

Vehicle Registration

Campus ID: J _____

Name: _____

(Please PRINT) Last First Middle

License Plate Number License State Campus(es) Attending
 JAX LEX
 Check if new vehicle w/drive-out tags or w/o plates. SAV HUM

Make Model Color Year

I certify the above information to be true. I have received a copy of JSCC's parking regulations.

Signature Date

OFFICE USE ONLY
Type: S__ E__ P__ H__ T__ TH__ Permit # _____ Emp. Initials _____

Vehicle Registration

Campus ID: J _____

Name: _____

(Please PRINT) Last First Middle

License Plate Number License State Campus(es) Attending
 JAX LEX
 Check if new vehicle w/drive-out tags or w/o plates. SAV HUM

Make Model Color Year

I certify the above information to be true. I have received a copy of JSCC's parking regulations.

Signature Date

OFFICE USE ONLY
Type: S__ E__ P__ H__ T__ TH__ Permit # _____ Emp. Initials _____