

# MOTOR VEHICLE REGISTRATION



|                               |  |
|-------------------------------|--|
| PERMIT NUMBER:                |  |
| FOR PARKING SERVICES USE ONLY |  |

- 1. Fill out all information below with signature of your company's HR representative verifying your employment status.
  - 2. E-mail completed form to [valford@southalabama.edu](mailto:valford@southalabama.edu) for review and approval. Please allow three days for processing.
  - 3. After processing, you may obtain your permit from Parking Services during hours of operations.
- Please bring \$40.00 permit fee, vehicle registration, and proof of insurance for pickup.*

**\*\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\*\***

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Company: \_\_\_\_\_ Employee J-Number: \_\_\_\_\_

## VEHICLE INFORMATION

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ State: \_\_\_\_\_

*Upon receipt of parking permit you agree to abide by all University traffic and parking regulations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT VERIFICATION

*As authorized Department Head or Supervisor, I certify the above named person is a full time employee of the above referenced company located and in operation within the USA Technology & Research Park.*

\_\_\_\_\_  
Signature of Department Head or Supervisor

\_\_\_\_\_  
Approved by Technology & Research Park Director