

# PASSAIC COUNTY TECHNICAL INSTITUTE

## STAFF VEHICLE REGISTRATION FORM

DRIVER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DEPARTMENT PHONE EXTENSION # \_\_\_\_\_

### VEHICLE DESCRIPTION

#### VEHICLE # 1

#### VEHICLE #2

PLATE #: \_\_\_\_\_

PLATE#: \_\_\_\_\_

MAKE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

COLOR: \_\_\_\_\_

THIS INFORMATION WILL BE COMPLETED BY THE TRANSPORTATION OFFICE STAFF.

PERMIT #: \_\_\_\_\_ PERMIT COLOR: \_\_\_\_\_

Temporary Parking #: \_\_\_\_\_