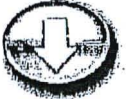


SELECT ONE	GRAMBLING STATE UNIVERSITY VEHICLE REGISTRATION PLEASE PRINT CLEARLY				OFFICE USE ONLY
		Last Name	First Name	Middle Initial	
	Local Address	City	Zip		Exchanged
	Permanent Address	City	Zip		Lost/Stolen
	Driver's License No.	State	Local Phone	Social Security No.	ICP/Tech/LEC
	Employee's Department	Building	Phone No.		 APPLICANT
	VEHICLE INFORMATION				
	Owner's Name	Owner's Address			Insurance Co.
	Make (Ford, Chev., etc.)	Year	Color		Policy #
	License Plate No.	State			Expiration

I hereby affirm that the above vehicle registration information is true. I or the owner agree to maintain liability insurance for the vehicle registered. I agree to have all unpaid traffics fines deducted from any Title IV Funds. I have received a copy of the UNIVERSITY MOTOR VEHICLE AND PARKING REGULATIONS and agree to comply therewith.

SIGNATURE: _____

DATE: _____

RECEIVED PARKING PAMPHLET