



# SEMINOLE STATE COLLEGE

## EMPLOYEE VEHICLE REGISTRATION

NAME \_\_\_\_\_ Dept. \_\_\_\_\_ Decal No. \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_

Type Vehicle: Car \_\_\_\_\_ Pickup \_\_\_\_\_ Van \_\_\_\_\_ Other \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model Year \_\_\_\_\_

### *REGISTERED OWNER OF VEHICLE IF OTHER THAN EMPLOYEE:*

Name \_\_\_\_\_ Address \_\_\_\_\_

Description of Vehicle: (Color, Body Style, Etc.) \_\_\_\_\_

*Note : A separate Registration form must be completed  
For every vehicle that you may park on campus.*

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

~ Must be returned to the SSC Business Office ~