



PERMIT NUMBER: _____

**UNIVERSITY OF SOUTH ALABAMA
MOTOR VEHICLE REGISTRATION**

Last Name: _____ First Name: _____ Middle Initial: _____
(Please print clearly)

Employee J-Number: _____

Vehicle Make: _____ Model: _____ Color: _____ Year: _____

License Tag Number: _____ State: _____

Upon receipt of parking permit you agree to abide by all University Traffic and Parking Regulations.

Signature: _____ Date: _____