

VEHICLE OPERATOR REGISTRATION

PLEASE PRINT AND COMPLETE BOTH SIDES.

Last name _____ First _____ B# _____

Address _____ Hall & room # _____

City _____ State _____ ZIP _____ Phone **H W C** _____

E-mail address _____ Phone **H W C** _____

Vehicle Information

License plate #	State	Motorcycle	DMV Ck (Office Use Only)	Office Use
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Turn over please

Campus Affiliation

- Faculty/Staff (Dept. _____ Ext. _____) Service (Company name _____)
- Commuter Student Research Foundation personnel Bookstore Non-affiliated campus user
- On-campus resident student Dining Services Pre-School Volunteer

NOTE: Registration decal and/or parking permit must be displayed in accordance with the parking regulations.

I certify that the information herein is true. I agree to abide by the motor vehicle regulations of Binghamton University, which are available at the Parking Services Office, the Information Booth, and on-line at <http://parking.binghamton.edu>. I understand I will be responsible for all violations issued to any vehicle bearing my parking permit as well as any vehicle owned by an immediate family member and operated on campus without being previously registered with Parking Services. I confirm that I am neither a freshman student living on campus (*first-year resident, non-transfer, matriculated freshman who has completed less than 24 academic credits at BU*) nor registering a vehicle for such a freshman.

Signature _____ Date _____