

COMMUTER

OFFICE USE ONLY

RESIDENT

EVENING

Permit No.

FACULTY/STAFF

Rec. No.

DAY LOT

**UNC PEMBROKE
VEHICLE REGISTRATION**

PLEASE PRINT

1. BANNER ID NO.

2. NAME

3. HOME ADDRESS

4. 911 ADDRESS

5. PHONE/CELL

6. NEXT OF KIN

7. UNCP ADDRESS

8. UNCP PHONE

9. NAME OF INSURER

10. POLICY NUMBER

**VEHICLE INFORMATION
(PROVIDE ALL REQUESTED INFORMATION)**

1. VEHICLE YEAR

2. VEHICLE MAKE & MODEL

3. LICENSE PLATE NO.

4. STATE OF ISSUANCE

I certify that each vehicle for which I am obtaining a parking permit is insured at the levels set in G.S. 20-279.1 (11) or higher. I have received a copy of the University Traffic Rules and Regulations and understand that the failure to abide by them will result in a penalty being assessed against me.

SIGNATURE

DATE