

- COMMUTER **OFFICE USE ONLY**
- RESIDENT Permit No. _____
- EVENING Rec. No. _____
- FACULTY/STAFF
- 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