



**MOTOR VEHICLE REGISTRATION FORM**

**Box #** \_\_\_\_\_ **CLASSIFICATION (✓ ONE)**  F  SO  J  SR  AD  GR

LAST NAME		FIRST NAME	UNIVERSITY ID #
LICENSE PLATE #	STATE	VEHICLE MAKE/MODEL	COLOR/YEAR

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PERMIT REQUESTING: (✓ ONE)**

- |   |  |
|---|--|
| <input type="checkbox"/> HERITAGE HALL RESIDENT | <input type="checkbox"/> COMMUTER/NON-RESIDENT |
| <input type="checkbox"/> MANOR CAMPUS RESIDENT  | <input type="checkbox"/> FACULTY / STAFF       |
| <input type="checkbox"/> PENNDEL RESIDENT       |  |

**I HAVE INSURANCE AS REQUIRED BY THE COMMONWEALTH OF PENNSYLVANIA, AND THE UNIVERSITY'S STUDENT HANDBOOK AND AGREE TO READ AND ABIDE BY THE REGULATIONS CONTAINED IN THE MOTOR VEHICLE REGULATIONS BROCHURE. I ALSO AGREE THAT PHILADELPHIA BIBLICAL UNIVERSITY ASSUMES NO LIABILITY FOR THEFT OR DAMAGE TO VEHICLES ON UNIVERSITY PROPERTY.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For Office Use Only:**

- |   |  |                     |
|---|--|---------------------|
| <input type="checkbox"/> \$20 / Year      | <input type="checkbox"/> Credit        | Permit Number _____ |
| <input type="checkbox"/> \$40 / Year      | <input type="checkbox"/> Cash          | Sticker Color _____ |
|   | <input type="checkbox"/> Check # _____ | Entered By _____    |
|   |  | Date Entered _____  |
| <input type="checkbox"/> \$1 / Additional | <input type="checkbox"/> Registration  |                     |
| <input type="checkbox"/> No Charge        | <input type="checkbox"/> Insurance     |                     |

Please fax this page, as well as a current copy of insurance and vehicle registration to the Office of Safety and Security. Please allow 24 hours for registrations to be processed. It is the registrant's responsibility to make arrangements to pick up their registration.