



BLACKBURN COLLEGE MOTOR VEHICLE REGISTRATION NAME

NAME _____ DATE _____
Last First Middle

PHONE NUMBER: _____

CHECK ALL APPROPRIATE

RESIDENT STUDENT _____

COMMUTER STUDENT _____

FACULTY/ STAFF _____

VEHICLE INFORMATION:

#1 YEAR _____ LICENSE PLATE NUMBER _____

MAKE _____ MODEL _____ COLOR _____

STATE _____ REGISTERED OWNER OF VEHICLE _____

VEHICLE INFORMATION:

#2 YEAR _____ LICENSE PLATE NUMBER _____

MAKE _____ MODEL _____ COLOR _____

STATE _____ REGISTERED OWNER OF VEHICLE _____

VEHICLE INFORMATION:

#3 YEAR _____ LICENSE PLATE NUMBER _____

MAKE _____ MODEL _____ COLOR _____

STATE _____ REGISTERED OWNER OF VEHICLE _____

VEHICLE INSURANCE COMPANY _____

MEDICAL AND PROPERTY DAMAGE LIABILITY INSURANCE MUST BE CARRIED ON ALL REGISTERED MOTOR VEHICLES

I agree to hold Blackburn College, including its officers and agents, harmless for any and all damage to property or personal injury resulting from the operation or parking of motor vehicles on college property. Also, I have read and agree to abide by all regulations concerning the operation and parking of motor vehicles on the Blackburn College campus

SIGNATURE _____

FOR OFFICE USE ONLY:

PERMIT NUMBER _____

DATE ISSUED ____/____/____

DATE REVOKED ____/____/____