



DENMARK TECHNICAL COLLEGE

VEHICLE PARKING REGISTRATION

PARKING PERMIT #	RESERVED PARKING PERMIT #
EXPIRATION DATE / /20	EXPIRATION DATE / /20

Please Print Information

Name of Primary Driver _____ DTC Identification # _____

Home Address _____
(street) (city) (state) (zip code)

Local Address _____ Classification _____

Telephone # () - () - Cellular # () -
(home) (local)

Driver's License # _____ State of License _____

Make of Vehicle _____ Year of Vehicle _____

Vehicle Tag # _____ Tag Expiration Year _____ State of Vehicle _____

Color Of Vehicle _____ Door(s) _____ VIN # _____

Driver's Signature _____ Date / /20 Receipt # _____

Registered Owner _____ Telephone # () - _____

I was given a Parking Rules and Regulations Manual.

I will place my decal on the front windshield, driver's side, lower corner.

Instructions:

- I. Complete Vehicle Registration Form
- II. Submit Completed Form to Department of Public Safety in Building #022
- III. Bring a copy of your I. D., Driver's License, Current Vehicle Insurance Info & Vehicle Registration
- IV. Submit a copy of your Completed Payroll Form or Receipt for Decal Payment.