

# Application for FSC Parking Permit and Vehicle Registration

Office use only:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

VEHICLE INFORMATION...ALL vehicles you may drive must be registered.

**STUDENTS ONLY, complete the following...**one permit will be issued per student. The permit should be placed in the vehicle as it is driven by the student registrant.

FSC Student ID# \_\_\_\_\_ **SELECT ONE** Class Standing:  Freshman  Soph.  Jr.  Sr.  Masters  
**SELECT ONE** Student Status:  Resident  Commuter  
Cell # \_\_\_\_\_  Part-time Day  Evening

**EMPLOYEES ONLY, complete the following....** one permit will be issued per vehicle.

Department: \_\_\_\_\_  College Officer  Faculty  Adjunct Faculty  
I.D.# \_\_\_\_\_  Food Service  Staff  Other

#1 Vehicle Yr.: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 2 door  4 door  Truck  Van  SUV  Motorcycle  Station Wagon License Plate: \_\_\_\_\_ State \_\_\_\_\_

#2 Vehicle Yr.: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 2 door  4 door  Truck  Van  SUV  Motorcycle  Station Wagon License Plate: \_\_\_\_\_ State \_\_\_\_\_

I, the undersigned, attest that all of the above information is true to the best of my knowledge. I further agree to comply with all FSC, City, and State Laws and regulations. I understand that failure to do so may result in the loss of my driving privileges.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ / / \_\_\_\_\_  
Date

OFFICE USE ONLY: Permit #: \_\_\_\_\_ Type: \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_