

Contracted Employee
VIRGINIA STATE UNIVERSITY
ACADEMIC YEAR 2021-2022
VEHICLE REGISTRATION APPLICATION
PLEASE PRINT LEGIBLY

EMPLOYEE INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

Driver's License# _____ State _____ Expiration Date: _____

HOME ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

PHONE NUMBER (____) _____ - _____ OFFICE PHONE NUMBER (____) _____ - _____

Email: _____

Employment Information:

Employer Name: _____

Employer Address: _____ City : _____ State: _____ Zip: _____

VEHICLE #1 (COPY OF VALID VEHICLE REGISTRATION AND DRIVER'S LICENSE IS REQUIRED)

Assigned Decal# _____
Completed by cashier

DISABLED PLACARD # (if applicable) _____

VEHICLE #2 (COPY OF VALID VEHICLE REGISTRATION IS REQUIRED)

Assigned Decal# _____
Completed by cashier

DISABLED PLACARD # (if applicable) _____

VSU IS AUTHORIZED TO WITHHOLD THROUGH STATE TAX REFUNDING THE AMOUNT OF ANY PAST DUE OUTSTANDING PARKING VIOLATIONS. I UNDERSTAND THAT I AM LIABLE FOR PARKING VIOLATIONS ISSUED BY THE DEPARTMENT OF POLICE AND PUBLIC SAFETY. I AGREE TO PAY ALL ASSESSED FINES AND/OR SUBMIT AN APPEAL APPLICATION WITHIN 5 BUSINESS DAYS AFTER THE ALLEGED VIOLATION. I FURTHER AGREE TO PAY ANY CITATIONS THAT THE APPEALS COMMITTEE DENIES WITHIN 5 BUSINESS DAYS OF THE COMMITTEES DECISION. I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR ALL FEES INCURRED IN THE EFFORTS TO COLLECT ANY UNPAID PARKING VIOLATIONS.

SIGNATURE: _____ **DATE:** _____

*****CASHIER/PAYROLL OFFICE USE ONLY*****

of DECALS ISSUED _____ **TOTAL PAYMENT:** _____ **PURCHASE DATE:** _____

CASHIER: _____

Note: Completed additional application form attached for third (3) vehicle registration _____ **(Y /N)**