

EDUCATIONAL CENTER

FACULTY / STAFF VEHICLE REGISTRATION

Please Print All Information

LAST NAME: _____ FIRST NAME: _____

SCHOOL (EHS , CTE) _____ DEPARTMENT (EHS STAFF): _____
(ATH,ACE,DRED,ENGL,FA,JROTC,LANG,SSTUD,MATH
PA,PE,SCI,SCTY,LIB.DRIVERS,FOODS,MAINT,IT,CCSU)

PROGRAM (CTE STUDENT/STAFF): _____ SCHOOL VOICE MAIL # _____

PRIMARY VEHICLE

VEHICLE PLATE #: _____ STATE: _____ YEAR: _____

VEHICLE MAKE: _____ VEHICLE MODEL: _____
(Chevy, Dodge, Plymouth, etc...) (Dakota, Accord, Concorde, etc...)

VEHICLE TYPE: _____ VEHICLE TOP COLOR: _____
(2 Door, 4 Door, Hatch, Truck, etc ...)

VEHICLE BOTTOM COLOR: _____
(If applicable)

DOES YOUR PRIMARY VEHICLE HAVE AN EXISTING ED CENTER PERMIT ? (Yes , No) _____

PERMIT # (if you answered yes to the above question) _____

SECONDARY VEHICLE

VEHICLE PLATE #: _____ STATE: _____ YEAR: _____

VEHICLE MAKE: _____ VEHICLE MODEL: _____
(Chevy, Dodge, Plymouth, etc...) (Dakota, Accord, Concorde, etc...)

VEHICLE TYPE: _____ VEHICLE TOP COLOR: _____
(2 Door, 4 Door, Hatch, Truck, etc ...)

VEHICLE BOTTOM COLOR: _____
(If applicable)

DOES YOUR SECONDARY VEHICLE HAVE AN EXISTING ED CENTER PERMIT ? (Yes , No) _____

PERMIT # (if you answered yes to the above question) _____

**** Please do not transfer existing permits from other vehicles, instead ask for a new permit for any new or different vehicle ****