



# COLUMBIA VA HCS – VA POLICE VEHICLE REGISTRATION APPLICATION FORM



DATE: \_\_\_\_\_

APPLICANT'S NAME:		Unit Assigned: EDUCATION	
		Work Phone Ext: 56732 / 54193 / 57326	
		Cell or Home Phone #:	
Service Line: EDUCATION		Student: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		School Name:	
Full SSN:		DOB:	
HT:		WT:	
Home Address:			
Driver's License #:		DL State:	
Make of Car #1:		State:	Tag#:
Model of Car:		VA Decal Info.	
Color:		Color:	
Model Year:		Number:	
# of Doors:			
Make of Car #2:		State:	Tag#:
Model of Car:		VA Decal Info.	
Color:		Color:	
Model Year:		Number:	
# of Doors:			
Make of Car #3:		State:	Tag#:
Model of Car:		VA Decal Info.	
Color:		Color:	
Model Year:		Number:	
# of Doors:			

You Must register your vehicle(s) and obtain appropriate parking pass from VA police.

Complete form on reverse.

Provide this form to VA police either at room next to ID office in building 22 or at their Security Desk located next to Emergency Room in the Medical Center on first floor.

Additional items to have when presenting registration form to VA Police:

**Driver's License**

**VA PIV ID Badge**

**Current Vehicle DMV Registration document**

**Proof of Insurance**

**REMINDER to review the Medical Center Parking policy previously provided so you do not risk receiving a parking violation citation and paying fines.**