



COLUMBIA VA HCS – VA POLICE  
VEHICLE REGISTRATION APPLICATION FORM



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

APPLICANT'S NAME:		Unit Assigned:	
		Work Phone Ext:	
		Cell or Home Phone #:	
Service Line:		Student: Yes ____ No ____	
		School Name:	
Full SSN:		DOB:	
HT:		WT:	
Home Address:			
Driver's License #:		DL State:	
Make of Car #1:		State:	Tag#:
Model of Car:			
Color:	Model Year:	# of Doors:	
		VA Decal Info.	
		Color:	
		Number:	
Make of Car #2:		State:	Tag#:
Model of Car:			
Color:	Model Year:	# of Doors:	
		VA Decal Info.	
		Color:	
		Number:	
Make of Car #3:		State:	Tag#:
Model of Car:			
Color:	Model Year:	# of Doors:	
		VA Decal Info.	
		Color:	
		Number:	

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.**