EDWARD WATERS COLLEGE

VEHICLE REGISTRATION FORM

NAME: _____, _____
PRINT LAST PRINT FIRST

ADDRESS or Dormitory & RM #:_____

_____

_____

PHONE #: _____ EWC DECAL #: _____

VEHICLE: _____, _____
MAKE / MODEL COLOR / YEAR

COPY OF EWC ID, DRIVER LICENSE, REGISTRATION ARE REQUIRED TO RECEIVE EWC DEAL

CURRENT LICENSE PLATE #_____

VEHICLE VIN #: _____

CURRENT DL#_____

APPLICANT SIGNATURE:_____ DATE:_____

STAFF/FACULTY/STUDENT/CONTRACTOR ID#:_____

EWC OFFICAL APPROVAL:_____ DATE:_____
PRINT
SIGNATURE:_____