

Diné College Campus Security Vehicle Registration Form



LAST NAME	FIRST NAME		MIDDLE		
LAST NAMEADDRESS	CITY		STATE ZIP		
PHONE NUMBER	D.O.B:		STUD	ENT ID:	
EMERGENCY CONTACT NAME	NUMBER D.O.B: STUDENT ID: ENCY CONTACT NAME RELATION:				
EMERGENCY CONTACT NUMBER:					
DRIVER LICENSE #	STATI	E EXPII	RATION DATE		
YOUR PRESENT STATUS: □STUDENT	\Box FACULTY/S	STAFF			
CAMPUS:					
\Box TSAILE \Box SHIPROCK \Box O	CROWNPOINT		∃TUBA CITY	\square WINDOW ROCK	
CAMPUS RESIDENTS:					
\square DORMITORY \square FAMILY					
NAME OF DORM/APARTMENT:	:ROOM/APARTMENT NUMBER:				
VEHICLE 1					
LICENSE NUMBER	LICENSE STA	TE	_ YEAR OF VE	HICLE	
MAKE OF VEHICLE:	MODEL:		_ COLOR:		
TYPE:					
\square SEDAN/CAR \square SUV	\Box TRUCK	\Box VAN	\Box COMMERO	CIAL VEHICLE	
BODY TYPE:					
	☐ CONVERTIBLE ☐ MOTORCYCLE				
\square HATCHBACK \square STA. WA				TENDED CAB TRUCK	
□SINGLE CAB TRUCK	OTHER		_		
VIDVICE D.O.					
VEHICLE 2	LICENCE CELA	mr.	VEAD OF VE	шогр	
LICENSE NUMBER MAKE OF VEHICLE:					
TYPE:	MODEL:		_ COLOR:		
□SEDAN/CAR □SUV				IAL VEHICLE	
BODY TYPE:	LIKUCK	⊔VAN	LCOMMERC	IAL VENICLE	
	□CONVERTIBLE □MC		TODOVCI E		
□HATCHBACK □STA. WAG		W CAB TRUCE	C □EX1	ENDED CAB TRUCK	
□SINGLE CAB TRUCK	OTHER		_		
REGISTERED OWNER INFORMATION:				MDDLE	
	FIRST NAME				
ADDDECC OF OWNED	PHONE # CITY		СТАТ		
DO YOU HAVE LIABILITY INSUR			SIAI	E ZIP	
NAME OF INSURANCE COMPANY					
NAME OF INSURANCE COMPANY					
I AGREE TO ABIDE BY THE CURRENT C	OLLEGE TRAFFI	C AND PARKI	NG REGULATI	ONS AND ACCEPT	
RESPONSIBILITY FOR ALL CITATIONS			<u></u>	11.512 110021 1	
	<u> </u>				
DATE	SIGNAT		URE		
Official Use: Decal 1 # Decal 2 #	Date Iss	ued	Date Expired	By:	