

SIENA COLLEGE EMPLOYEE VEHICLE REGISTRATION

DATE: _____

Employees 901 #: _____

IF 901 IS UNKNOWN PLEASE GET MONTH AND DAY IF BIRTHDAY

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Permit #

Date Issued

Expiration Date

Time Issued

Officer #:

Department: _____

Extension: _____

Home Phone: _____

Cell #: _____

Full Time (35+ Hrs)

Part Time

Adjunct

Food Service

Vista

SRI

Admin PT

Staff PT

VEHICLE INFORMATION

YEAR OF VEHICLE: _____

MAKE: _____

MODEL: _____

COLOR: _____

PLATE : _____

STATE ISSUED: _____

REGISTRANT MUST SHOW

VEHICLE REGISTRATON

SIENA ID

Falsification of the registration will subject the Registrant to a fine and revocation of campus driving privileges.

NO STUDENT IS ELIGIBLE FOR A FACULTY / STAFF PERMIT

I ACKNOWLEDGE THAT I AM RESPONSIBLE TO REVIEW THE TRAFFIC RULES AND REGULATIONS AND FOR THE CONTENT THEREOF ON LINE VIA THE WEB FOR PUBLIC SAFETY UNDER PARKING REGULATIONS.

SIGNATURE

DATE