

GIFT VEHICLE REGISTRATION

Dealer Information:

Dealer

Address

City

State

Zip

() ()
Phone # Fax #

Vehicle Information:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Minivan
VIN #												<input type="checkbox"/> Truck	<input type="checkbox"/> SUV	<input type="checkbox"/> Other
_____ Date Received	_____ Year	_____ Make	_____ Model									<input type="checkbox"/> 2Dr.	<input type="checkbox"/> 4Dr.	
_____ Vehicle Value		_____ License Plate Number				_____ State								

Department Information:

Contact Name

()

Phone #

Campus Address

Fiscal Name

()

Phone #

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Organization #	Fund #	Account #

1) Vehicle will be used for non-University functions? Yes No

2) Vehicle will be assigned a specific driver? Yes No

Vehicle Assignment:

Name

()

Phone #

Address

City

State

Zip

Vehicle Removal or Replacement:

Is this vehicle replacing another vehicle? Yes No

If you checked yes, you must complete the following:

License Plate Number

VIN#

State

Date Returned

Authorized Department Signature

Title

For Transportation & Parking Services Use Only

Entered to system? Yes No

By Date

ZGR-