

Employee Vehicle Registration Form

					Office Use Only
License Plate	State	Make	Model	Year	Permit Number

Issued By: _____

Employee ID# _____ or SSN# _____ - _____ - _____

Name _____

Address _____

City _____ St _____ Zip _____ Phone# _____

Department _____ Cell Phone# _____

I _____, in accordance with Arizona Revised Statutes 15- 1449, hereby certify that:
(Print name)

Check one that applies

- My vehicle has passed a vehicle emissions test (ARS 49-542) **and/or** is registered with the State of Arizona Motor Vehicle Division (ARS 28-2535 and 28-2533)
- A.R.S. 49-542 is not applicable to a motor vehicle or a motorcycle that I drive

Unless eligible for waiver, I understand that if I fail to comply with the requirements of the emissions inspection program, I am prohibited from parking on college property and that my vehicle is subject to being towed away at my expense.

Signature _____ Date _____

College Police