



# OFFICE OF PUBLIC SAFETY

ST. MARY'S COLLEGE OF MARYLAND

## FACULTY / STAFF VEHICLE REGISTRATION



DECAL # \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI \_\_\_\_\_

CAMPUS DEPARTMENT: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

1. **\*\*\* DECAL IS TO BE PLACED ON THE RIGHT HAND SIDE OF THE VEHICLES REAR WINDOW (PASSENGER SIDE)\*\*\***
2. **I WILL INFORM THE PUBLIC SAFETY OFFICE OF ANY CHANGE OF INFORMATION SHOWN ON THE ABOVE FORM**
3. **I AGREE TO ABIDE BY ALL CAMPUS AND STATE OF MARYLAND PARKING AND TRAFFIC REGULATIONS.**
4. **I WILL BE RESPONSIBLE FOR ALL TRAFFIC AND PARKING VIOLATIONS CHARGED TO THE VEHICLE REGISTERED ABOVE**
5. **I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE TRAFFIC AND PARKING REGULATIONS FOR ST. MARY'S COLLEGE OF MARYLAND (REGULATIONS ONLINE AT WWW.SMCM.EDU/PUBLICSAFETY)**
6. **I AM THE OWNER OR PRINCIPAL OPERATOR OF THE VEHICLE DESCRIBED ON THE ABOVE FORM AND CERTIFY THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**
7. **I AGREE AND WILL REMOVE OR DESTROY MY PARKING DECAL WHEN I DISPOSE OF MY VEHICLE OR DEPART PERMANENTLY FROM ST. MARY'S COLLEGE OF MARYLAND**
8. **I HAVE READ AND UNDERSTAND ALL THE PROVISIONS AS OUTLINED ABOVE FOR REGISTERING MY VEHICLE AND FOR ITS OPERATION ON THE CAMPUS OF ST. MARY'S COLLEGE OF MARYLAND**

SIGNATURE OF OWNER OR PRINCIPAL OWNER OF THE VEHICLE \_\_\_\_\_

ISSUED BY \_\_\_\_\_

**\*\*PLEASE PRINT AND SIGN THIS FORM THEN BRING IT TO THE PUBLIC SAFETY OFFICE TO RECEIVE A DECAL \*\***