

# VEHICLE REGISTRATION

Important: Vehicles With 3/4 Or Less In The Tank Must Refuel Before Registering

Vehicle Type (Check One)

Vehicle Number Assigned \_\_\_\_\_

School Bus

Time In \_\_\_\_\_

Van

Vehicle Company Name \_\_\_\_\_

Ambulance

Drivers Name \_\_\_\_\_

Wheelchair Van

Passenger/Crew Names \_\_\_\_\_

Coach Bus

Drivers Contact Number \_\_\_\_\_

\_\_\_\_\_  
(Other)

Vehicle License plate State/Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_