



Vehicle Registration

Instructions:

1. All information below must be completed before a Parking ID Tag is issued (Please print clearly).
2. If you own more than one vehicle, add the information for Vehicle #2 and #3 as needed. A Parking ID Tag will be issued for each vehicle.
3. Team Members are responsible for submitting a vehicle registration form to replace lost/damaged Parking ID Tags, register a new vehicle or new license plates on an existing register vehicle. Forms are available 24 hours a day from the Security Office (next to Emergency Admitting).
4. Every Team Member/Tenant/Volunteer/Medical Staff vehicle must display a University of Maryland Upper Chesapeake Health Parking ID Tag while on campus. Display the ID tag on the rear view mirror with ID number facing the windshield.

NOTE: The mandatory use of Parking ID Tags assists with parking enforcement to keep space available for patients and visitors. The ID Tags also enable Security to contact employees directly in the event of vehicle lights left on, fluids leaking, flat tires etc.

VEHICLE REGISTRATION FORM

TEAM MEMBER/TENANT/VOLUNTEER/MEDICAL STAFF INFORMATION

Name: _____ **Dept/Unit/Practice:** _____ **Shift:** _____

Do you have a valid Handicapped Tag issued by the state you reside in: YES _____ NO _____

Vehicle #1: Where registered? (ie- MD, PA, VA, DC) _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic Plate _____

Vehicle #2: Where registered? _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic Plate _____

Vehicle #3: Where registered? _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic Plate _____

If any of the above vehicles have temporary license plates, submit a new form when permanent tags are obtained.

I hereby acknowledge that I have received a copy of the parking policy and will abide with it.

Signature _____ Phone # _____

(DO NOT WRITE BELOW THIS LINE)

Issued UMUCH Parking ID Tag #: _____ 2nd Vehicle ID Tag issued #: _____

3rd Vehicle ID Tag Issued #: _____

Vehicle Registration completed due to: (check all that apply)

___ New vehicle registration

___ New vehicle replaces existing registered vehicle. Description of old vehicle _____

___ New vehicle DOES NOT replace existing registered vehicle.

___ Parking ID Tag replaced, lost/damaged ID Tag.

___ License Plate change on existing registered vehicle. Description of vehicle or old Lic # _____

OFFICE USE SECTION COMPLETED BY: _____ DATE _____