



FERRIS STATE UNIVERISTY
DEPARTMENT OF PUBLIC SAFETY



NEW FACULTY/STAFF – VEHICLE REGISTRATION FORM

Employee Name: _____

CWID: _____ Start Date: _____ Status: Full Time
 Part-Time
 Full Time (Temp)

DRIVER INFORMATION

Name: _____ Date of Birth: _____
 Driver License Number: _____ Driver License State: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Department: _____ Building and or Room Number: _____
 Work Number: _____
 Cell Number: _____

VEHICLE INFORMTION

Vehicle 1 Registered Owner: _____
 License Plate Number: _____ License Plate State: _____
 Make: _____ Model: _____ Color: _____ Year: _____

Vehicle 2 Registered Owner: _____
 License Plate Number: _____ License Plate State: _____
 Make: _____ Model: _____ Color: _____ Year: _____

Type of Permit: Hang Tag Stick-On Decal
Use Of: Multiple Vehicle Use Single Vehicle Use
Delivery of Permit: Hold Permit at DPS Mail Permit to Mailing Address

Hiring Department

Supervisor: _____ Phone: _____ Department: _____

In the event you are issued a parking ticket before you receive your parking permit, please contact the Department of Public Safety Parking Office at 231-591-5909