



University of St. Thomas
Application for **EMPLOYEE** Motor Vehicle Permit

Name: _____ Title: _____
Last First M.I.

Dept: _____ Bldg: _____ Phone: _____

Permanent Address _____
Street City State Zip

Description of Vehicle:
 License _____
 Plate# _____ Make _____ Model _____ Year _____ State _____

Description of Vehicle:
 License _____
 Plate# _____ Make _____ Model _____ Year _____ State _____

Description of Vehicle:
 License _____
 Plate# _____ Make _____ Model _____ Year _____ State _____

I have read and understood the employee registration and parking regulations of the University of St. Thomas.

Signature: _____ Date _____

For Office Use Only

	Date Issued	Permit No.
Vehicle 1		
Vehicle 2		
Vehicle 3		

Prox Card Number: _____ **UST ID Number:** _____ **Paid: Yes No** _____