

Year: _____



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

Name: _____

Last

First

M.I.

Home Phone #: _____

Cell Phone #: _____

Permanent
Address

Street

City

State

Zip

Description of Vehicle:

License

Plate #

Make

Model

Color

Year

State

Description of Vehicle:

License

Plate #

Make

Model

Color

Year

State

Description of Vehicle:

License

Plate #

Make

Model

Color

Year

State

I have read and understand the student registration and parking regulations of the University of St. Thomas.

Signature: _____

Date: _____

For Office Use Only

	Date Issued	Permit #
Vehicle 1		
Vehicle 2		
Vehicle 3		

Prox Card Number: _____

UST ID Number: _____