Central Alabama Community College

Vehicle Registration

CACC Student Number: **A**_____

Last Name: _____

First Name: _____

Make: (ex. Toyota) _____

Model: (ex. Camry) _____

Color: _____

License Tag #: _____

Bring the completed form to any police office on the designated campus site, along with the required items for the officer to verify in person.

1. Vehicle Tag Registration Verification
2. Driver's License # _____
3. Insurance Name: _____
4. Insurance Policy # _____

Department Use Only:

Parking Decal #: _____

Academic Year: _____

Completed by: _____

Campus: _____

Date Issued: _____