

Central Alabama Community College

Vehicle Registration



CACC Student Number: **A** _____

Last Name: _____

First Name: _____

Make: (ex. Toyota) _____

Model: (ex. Camry) _____

Color: _____

License Tag #: _____

Please bring completed form to any Police Office on the designated campus site along with a copy of the following items:

1. Current Class Schedule
2. Vehicle Tag Registration
3. Driver's License
4. Proof of Insurance

Department Use Only:

Parking Decal #: _____

Academic Year: _____

Completed by: _____

Campus: _____

Date Issued: _____