

Permit Number	
Please have a copy of the follow	ing when registering a vehicle.
Vehicle Registration	Driver's License
Insurance Card	Medical Permit Registration (If Applicable)
Class: First Year	Upperclassman
Vehicle Information (Please Print	t)
Make:	Model:
Year:	Color:
Plate Number:	State:
Owner of Vehicle and Relation to Drive	r:
Driver Information	
Last Name:	First Name:
Date of Birth:	Age:
Driver's License Number:	State Issued:
Student ID Number:	
Campus Residence:(Building & Room N	umber)
Cell Phone:	Home Phone:

Please review sections 2.6 2.7 2.8 & 4.0 of the Wheeling University Policy Manual. A copy of the manual may be accessed on the Wheeling University website under Parking Policy.

• Any vehicle which accrues more than \$300 in unpaid fines will be booted by the Office of Public Safety until the owner is found, & fines are paid.

• Any student who repeatedly violates parking rules may be subject to having their parking privileges suspended or revoked permanently.

• Parking passes are to be displayed on the inside of the driver side windshield in the lower corner. Any permit placed incorrectly will be considered invalid and will result in a \$50.00 fine.

I, the undersigned, hereby apply for permission to keep and operate an automobile on the campus of Wheeling University. To the best of my knowledge, the questions above have all been answered correctly. I have read, understand, and do hereby pledge to abide by all regulations governing the use of automobiles as stated in the Wheeling University Student Handbook.