

PARKING AND TRANSPORTATION

RFID REGISTRATION

Personal Information (please print)

Hokie Passport No. _____ Name _____

Companies and Virginia Tech Departments: Complete this section

Virginia Tech Department Name _____

VBC Individual/ Company _____

Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Vehicle Information

	License Plate	State	Vehicle Make	Vehicle Model	Color	Year
Vehicle #1						
Vehicle #2						
Vehicle #3						

Payment Options

Cash Credit/Debit Card Hokie Passport Check _____

I understand that I am responsible for obtaining and familiarizing myself with Virginia Tech's Parking Rules & Regulations, and by my signature below agree to abide by them. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Signature _____ Date _____

For Office Use Only

Permit Number _____	Date Received _____	Date Issued _____
Replacement _____	Cashier Initials _____	

