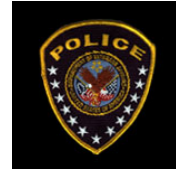




POLICE SERVICE



VEHICLE REGISTRATION FORM

NAME OF EMPLOYEE _____

WORK PHONE _____

JOB TITLE & SERVICE _____

NAME OF SUPERVIOR/CHIEF OF SERVICE _____

VEHICLE INFORMATION:

VEHICLE 1

VEHICLE 2

- | | | |
|-----------------------|-------|-------|
| 1) YEAR: | _____ | _____ |
| 2) MAKE: | _____ | _____ |
| 3) MODEL: | _____ | _____ |
| 4) TYPE: (2-dr, etc.) | _____ | _____ |
| 5) COLOR: | _____ | _____ |
| 6) LICENSE PLATE #: | _____ | _____ |
| 7) STATE: | _____ | _____ |

HAVE YOU PREVIOUSLY REGISTERED A VEHICLE AT V.A.M.C. FRESNO?

YES/ NO (CIRCLE ONE)

IF YES: YEAR _____ MAKE _____ DECAL # _____

SIGNATURE _____ DATE _____

V.A. POLICE USE ONLY

DECAL(S) ISSUED: VEH #1 _____ VEH #2 _____