

**POLICE SERVICE  
VA MEDICAL CENTER  
HUNTINGTON, WV 25704**

**PARKING REGISTRATION**

**INFORMATION IS REQUESTED TO UPDATE PARKING INFORMATION OR ISSUING OF NEW PARKING PERMITS. PLEASE PRINT LEGIBLY.**

**NAME: (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(MI)** \_\_\_\_\_

**(Last 4) Social Security Number:** \_\_\_\_\_

**FEMALE** [ ] **MALE** [ ] **DATE OF APPLICATION:** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **STATE ISSUING LICENSE:** \_\_\_\_\_

**ASSIGNED SERVICE:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_

<b>License Tag #</b>	<b>State</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>Year</b>

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>DECAL #</b>	<b>ISSUE DATE</b>	<b>LOST/STOLEN/ETC. DISPOSITION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____