Louisiana Tech University Vehicle Registration Information

 You MUST provide: Valid Driver's licen Valid vehicle registri Tech ID 	se						
CWID Number	Driver's License I	Number St	tate				
Email address where you ca	n be reached						
Cell Phone Number (ex. XX	X-XXX-XXXX)	Home Phone Num	iber (ex. XXX-XXX	-XXXX)			
Last Name		First Name				Midd	le Initial
Permanent Home Address (1	NOT Tech apt. or DORM	1)					
City		Stat	Zip Code				
Vehicle License Number	Vehicle License State	e Check if	standard plate	Specia	l Plate Ty	уре	
Vehicle Make	Vehicle Mode	el	2	Door 4	Door	Pickup	Van
VIN (Vehicle Identification Number)		Yea	Color				
Registered Owner of Vehicle Last Name Ro		gistered Owner of Vehicle First Name		Registered Owner Middle Initial			
I certify that the information is not to be given, traded, so tions that I received upon pu or changes, can also be foun	ld or used by any other prchasing my permit and	person. I agree to abide understand that a curr	e by the Louisiana Te	ch Univers	sity Traff	fic Regula-	erm
Signature:			Date:				
Permit Number:		Permit Type:		Zone:			-
Expiration Date:		Amount Paid:	Ente	red By:			