

Instructions to Register Your Vehicle

Any and all vehicles brought onto the Gordon-Conwell campus must be registered with Campus Safety and clearly display the current parking sticker(s). *Depending on your license plates, you fill out either the form on the front of this sheet or both the forms on the front and back of this sheet. See below:*

I HAVE LICENSE PLATES FROM MASSACHUSETTS ...

Fill out only the **Parking Sticker Application** located on the front of this sheet. You will receive a Gordon-Conwell parking sticker in your campus mailbox within a few days. *Do not* fill out the back of this sheet.

I HAVE LICENSE PLATES FROM A STATE OTHER THAN MASSACHUSETTS ...

Fill out both the **Parking Sticker Application** located on the front of this sheet, and the **Nonresident Driver Statement** located on the back of this sheet. You will be given two stickers in your campus mailbox.

This application is being returned because it is either incomplete or missing required information. See the highlighted areas.

- You failed to fill out the front of this form
- You failed to fill out the back of this form
- Required information is missing
- Illegible handwriting
- Other _____

Please make your corrections and return to Campus Safety

Parking Sticker Application

- new sticker
- renewal sticker
- replaces lost sticker

new sticker number

- sedan
- station wagon
- suv
- other
- minivan
- truck
- motorcycle

type of vehicle

Vehicle Information

License Plate _____ State _____

Year _____ Make _____ Model _____ Color _____

Driver Information

Last Name _____ First Name _____ Middle Initial _____

Local Street Address _____ City/Town _____ State _____

Seminary ID Number _____

Seminary Mailbox Number _____

Campus Apartment Building and Room Number or _____

Campus Dormitory and Room Number _____

Telephone Number _____

Please indicate your status in the boxes below

- Faculty / Admin
- Staff - Full Time
- Staff - Part Time
- New Student
- Returning Student
- Other _____

Owner Information

If different from driver information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City/Town _____ State _____

Signature & Date

I agree to abide by the Campus vehicle regulations

signature _____ Date _____

**Commonwealth of Massachusetts
Registry of Motor Vehicles
Nonresident Driver Statement**



DECAL NUMBER

	SCHOOL USE ONLY		
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PLEASE PRINT

School Year Beginning _____ month _____ year

Pursuant to the provisions of M.G.L c.90 § 3, as amended by chapter 46 of the acts of 2003, this form must be completed in quadruplicate by every nonresident enrolled as a full time student at a school or college in the Commonwealth who operates a motor vehicle in Massachusetts that is registered in another state or country during any period beginning on September 1st of any year, and ending on August 31st of the following year. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts. This completed form must be filed with the Police department in the city or town where the school is located. The Police department must provide a copy to the school, the local assessor, and the RMV. The school will issue the required decal, which must be affixed to the uppermost center portion of the windshield. The penalty for a nonresident's failure to comply as required is up to \$200.00.

PART 1: NONRESIDENT STUDENT INFORMATION			
LAST NAME		FIRST	MIDDLE INITIAL
PERMANENT LEGAL RESIDENTIAL ADDRESS		CITY/TOWN	STATE/ZIP
RESIDENTIAL ADDRESS WHILE ATTENDING SCHOOL		CITY/TOWN	ZIP
NOTE: REPORT ANY CHANGE OF PERMANENT OR TEMPORARY ADDRESS TO THE POLICE DEPARTMENT AND THE SCHOOL			
NAME OF SCHOOL/COLLEGE & ADDRESS		CITY/TOWN	ZIP

PART 2: VEHICLE INFORMATION				
LICENSE PLATE NUMBER		STATE, PROVINCE, AND COUNTRY OF LICENSE PLATE		LICENSE PLATE EXP. DATE
YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NUMBER
VEHICLE OWNER'S LAST NAME		FIRST	MIDDLE INITIAL	
VEHICLE OWNER'S ADDRESS		CITY/TOWN	STATE	

PART 3: LIABILITY INSURANCE INFORMATION	
This vehicle can only be operated during such time as the owner thereof maintains in full force a policy covering all of the provisions in M.G.L., Ch. 90, Sec 3. Coverage sufficient to allow a "Yes" to both a) and b) is required.	
a) Does this policy provide at least \$20,000 coverage for injury or death to one person and \$40,000 coverage for injury or death to more than one person while the vehicle is being operated on the ways of Massachusetts? ___ YES ___ NO	
b) Does this policy provide indemnity for any operator of this vehicle while being operated with the express or implied consent of the owner? ___ YES ___ NO	
NAME OF INSURANCE COMPANY & ADDRESS	EXPIRATION DATE OF POLICY

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IN EACH OF THE THREE PARTS IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT A COPY OF THIS FILING WILL BE PROVIDED TO THE LOCAL ASSESSOR WHERE I RESIDE.	
DID YOU RECEIVE A WRITTEN WARNING FROM YOUR SCHOOL INDICATING A PENALTY OF UP TO \$200.00 FOR YOUR FAILURE TO FILE THE COMPLETED NONRESIDENT DRIVER STATEMENT WITH THE POLICE DEPARTMENT? YES ___ NO ___	
SIGNATURE _____	DATE _____

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