



DECAL NUMBER

School Year Beginning _____ month _____ year

SCHOOL USE ONLY				
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NONRESIDENT DRIVER STATEMENT

PLEASE PRINT

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 student at a public or private school or college in the Commonwealth during any period beginning on September 1st of any year and ending on August 31st of the following year, who operates a motor vehicle in Massachusetts that is registered in another state or country. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts, whether living on campus or not. 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 COUNTRY
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 _____

Instructions to Register Your Vehicle

Any vehicles brought onto the Gordon-Conwell campus must be registered with Campus Safety within 48 hours of arriving and clearly display the current parking sticker(s). Depending on where your license plates are from will determine whether you fill out only the front of this form or both the front and back (see below)

1 MY LICENSE PLATES ARE FROM MASSACHUSETTS

Fill out only the front of this form, the side labeled *Parking Sticker Application*. 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.

2 MY LICENSE PLATES ARE NOT FROM MASSACHUSETTS

Fill out both the front and back of this form. The front side is labeled *Parking Sticker Application* and the back is labeled *Nonresident Driver Statement*. 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

Vehicle Information

- sedan motorcycle
- suv minivan
- truck other

License Plate _____ State _____ Type of Vehicle _____

Year _____ Make _____ Model _____ Color _____

Driver Information

Last Name _____ First Name _____ Middle Initial _____ Seminary ID Number _____

Local Street Address _____ City/Town _____ State/ Zip _____ Seminary Mailbox Number _____

Campus Building and Room Number _____

Telephone Number _____

Owner Information If different from driver information

Last Name _____ First Name _____

Street Address _____

City/Town _____ State _____

Signature & Date

I agree to abide by the Campus vehicle regulations

Signature _____ Date _____

Nonresident Driver Statement is on the back of this sheet

Please indicate your status in the boxes below

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

Official Use Only

new sticker number*

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replacement sticker number

CSO/Date					Comp. Entry CSO/Date
CSO/Date					Comp. Entry CSO/Date
CSO/Date					Comp. Entry CSO/Date
CSO/Date					Comp. Entry CSO/Date

*Original Issuing CSO and Date