

# MOTORCYCLE REGISTRATION FORM

To register your Motorcycle, please complete the following

## CAPITAL LETTERS PLEASE

### Details:

**TITLE:** ..... **SURNAME:** ..... **FORENAME:** .....  
(Mr/Mrs/Ms/Miss/Dr/Prof)

.....

### THIS SECTION TO BE COMPLETED BY STAFF

**FACULTY/DEPARTMENT:** .....

**STAFF NO:** .....

**HOME CAMPUS LOC:** ..... **CONTACT TEL NO:** .....

.....

### THIS SECTION TO BE COMPLETED BY STUDENTS

**ACADEMIC COURSE** ..... **YEAR** ..... **FACULTY** .....

**STUDENT NO:** ..... **HOME CAMPUS LOCATION:** .....

.....

## Vehicle Details

**VEH REG NO:** .....

**MAKE:** ..... **MODEL:** .....

**Signature:** ..... **Date:** .....

**NOTE: WHEN COMPLETED FORM SHOULD BE RETURNED TO CAR PARK & TRAFFIC MANAGEMENT OFFICE  
(COLERAINE - H116; JORDANSTOWN AND BELFAST- 10A01B; MAGEE - MD004)**

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## OFFICAL USE ONLY

**Approved:** ..... **Date:** .....  
(Name & Title)