

MOTORCYCLE REGISTRATION FORM

Title:

Surname:

Forename:

(Mr/Mrs/Ms/Miss/Dr/Prof)

This section be to completed by Staff Members:

Staff ID Number:

Faculty/Department:

Contact Tel No:

Email Address:

University Home Campus:

This section to be completed by Students:

Student Number:

Academic Course:

Year:

Faculty:

University Home Campus:

Vehicle details:

Veh Reg No:

Colour:

Make:

Model:

DECLARATION:

Motorcycles must be parked in a designated Motorcycle Bay and are not to occupy a car parking space.

Signature:

Date:

Completed forms should be returned to carparks@ulster.ac.uk

Office Use Only

Approved by:
(Name & Title)

Date:

Cancelled On Computer

Date: