

# VEHICLE REGISTRATION FORM for Physician and Resident / Fellow



All Members of the Children’s Hospital & Medical Center Staff and associated CHMC groups are required to register their vehicle with the hospital Security Department and receive a Parking permit hang tag to be displayed on their inside rear-view mirror.

The Information below is required to obtain the permit. The form must be filled out COMPLETELY. If you are unsure of your employee number or your department number, please verify and double check through my HR on the intranet.

Bring this form directly to the either the Med Staff office or the Security Department to obtain the parking permit. You may also make special arrangements to obtain the permit by contacting Security at x5300.

Children’s Hospital & Medical Center Vehicle Registration Form		
Name: (Last, First and MI)		
Email:		
Work Phone #:		
Job Title:	<input type="checkbox"/> Physician <input type="checkbox"/> Resident / Fellow	
Department Name:		
Department #:		
Work Building:	CHMC Cass I   Cass II   Durham   HDR   Off-Site	
Shift: (Example: 7am – 7pm)		
Employee Prox Card #		
Employee ID #		
Date of Hire:		
<b>VEHICLE:</b>	<b>#1</b>	<b>#2</b>
Make of Vehicle:		
Model of Vehicle:		
Year:		
Color:		
License Plate #:		
State of Issuance:		
SPECIAL PARKING REQUEST	Reason:	Director Requesting (Signature):
<b>For Security Only</b>		
Hangtag Class and #:	Hang Tag #	
Assigned Parking Location:	CHS   Meth.   Durham   Crossroads   Other	
Special Parking Approval by Security Manager	Approved: Y / N	
Location:		