

**MOTOR VEHICLE REGISTRATION  
Baylor Health Care System**

New Assignment <input type="checkbox"/>	Process Level:	<input type="checkbox"/> All Saints <input type="checkbox"/> Bryan Tower <input type="checkbox"/> Dallas <input type="checkbox"/> Garland <input type="checkbox"/> Grapevine <input type="checkbox"/> Irving <input type="checkbox"/> McKinney <input type="checkbox"/> Plano <input type="checkbox"/> Waxahachie	Lot Number
Update <input type="checkbox"/>	Deposit Amount:		

**Check One:**      Baylor Employee \_\_\_\_\_ Contract Employee \_\_\_\_\_ Faculty \_\_\_\_\_ Intern \_\_\_\_\_ Medco Employee \_\_\_\_\_  
 Resident/Fellow \_\_\_\_\_ Student \_\_\_\_\_ Volunteer \_\_\_\_\_ Physician \_\_\_\_\_ Physician Office/Tenant Employee \_\_\_\_\_

**Please indicate shift worked:**      Days \_\_\_\_ Evenings \_\_\_\_ Nights \_\_\_\_ Weekends \_\_\_\_ PRN \_\_\_\_ TDA \_\_\_\_

LAST NAME	FIRST NAME	MI	DRIVERS LICENSE #	STATE ISSUED	SS# - Last 4 digits
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	
DATE OF HIRE	SHIFT HOURS	WORK LOCATION	SUITE #	WORK PHONE NUMBER	
EDUCATIONAL PROGRAM	COMPLETION DATE	MARQUIS RESIDENT	EMAIL ADDRESS		

**VEHICLE INFORMATION**

Vehicle 1	ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TEMP <input type="checkbox"/>	LICENSE PLATE #	STATE	MAKE	MODEL
	PERMIT #	VEH YEAR	COLOR	TEMPORARY/HANGTAG #	TEMPORARY EXPIRATION DATE:		
Vehicle 2	ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TEMP <input type="checkbox"/>	LICENSE PLATE #	STATE	MAKE	MODEL
	PERMIT #	VEH YEAR	COLOR	TEMPORARY/HANGTAG #	TEMPORARY EXPIRATION DATE:		
Vehicle 3	ADD <input type="checkbox"/>	DROP <input type="checkbox"/>	TEMP <input type="checkbox"/>	LICENSE PLATE #	STATE	MAKE	MODEL
	PERMIT #	VEH YEAR	COLOR	TEMPORARY/HANGTAG #	TEMPORARY EXPIRATION DATE:		

**PARKING REGULATIONS ACKNOWLEDGMENT**

I acknowledge the following:

1. I have been advised to go to Parking and Transportation Services on [mybaylor.com](http://mybaylor.com) to read the *Parking and Traffic Regulations for my work campus*, and I agree to read and follow the regulations in their entirety.
2. Hangtags must be properly displayed from rearview mirror with the number visible from outside of the vehicle. Decals must be affixed to vehicle, on the outside of the rear window in the lower left corner. If the back window is obstructed the decal is to be placed in the upper left corner of the front window.
3. I agree to contact Parking and Transportation Services within seven (7) days from the date that I receive the regulations with any questions. If I do not contact Parking and Transportation Services within seven (7) days regarding any questions, it will be assumed that I fully understand the regulations.
4. Baylor Scott & White Health does not agree to safeguard your vehicle or assume care, custody, or control of your vehicle or its contents.
5. Baylor Scott & White Health is not responsible for fire, theft, damage, or loss to your vehicle or its contents.
6. In the event that a lawsuit is filed for any casualty to your vehicle, or its contents, you agree to defend and indemnify Baylor Scott & White Health for any other type of loss including reasonable attorney fees.
7. I agree to pay all applicable card/permit replacement fees, according to the procedures stated in the regulations, and authorize Parking and Transportation Services to deduct any unpaid fees from my final paycheck upon termination of my employment with Baylor.
8. Employee and/or Vendor agree to report any damage caused by the Employee and/or Vendor's vehicle.
9. I agree to abide by the regulations in their entirety at all times and fully understand that there are penalties for failure to do so.

X

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<b>Name (signature)</b>	<b>Date</b>	<b>Entered By</b>	<b>Date</b>