



Central Oregon Community College  
**DEPARTMENT OF CAMPUS PUBLIC SAFETY**  
2600 NW College Way, Bend OR 97703  
541-383-7272 / Publicsafety@cocc.edu

**Vehicle Registration Form (CPS-54)**  
Campus Public Safety

## VEHICLE REGISTRATION FORM

Please clearly and accurately provide the requested information. Return completed forms to the **Campus Public Safety** office, located in the Boyle Education Center.

Name: \_\_\_\_\_

COCC ID#: \_\_\_\_\_

### Vehicle #1

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

### Vehicle #2

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

### Vehicle #3

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_