



Vehicle Registration Form

Please complete the following information including a complete description of all vehicles that you intend to use for transportation to El Rio Community Health Centers.

Employee Name: _____ Job Title: _____

Department: _____ Supervisor's Name: _____

Work Phone Number: _____ Your Contact Phone Number: _____

Vehicle Description:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate Number: _____

Vehicle Description:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate Number: _____

Vehicle Description:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate Number: _____

Employee Signature: _____ **Date:** _____

Thank You.