

**EMPLOYEE VEHICLE REGISTRATION
DEACONESS HOSPITAL
EVANSVILLE, INDIANA 47747**

Please Print

Employee's Name _____ Date _____

ID Number _____ Dept. Name _____

Campus Main DGH Family Practice Heart Group Other _____
(Check all that apply)

1. Make/Model/Color/Year

License Plate Number _____

Sticker #

2. Make/Model/Color/Year

License Plate Number _____

F-1433*(2-06)

Sticker #