



**DEPARTMENT OF VETERANS AFFAIRS  
VA ROSEBURG HEALTHCARE SYSTEM (VARHS)**

Vehicle Registration Data Worksheet

FOR OFFICIAL POLICE USE ONLY

Decal Number: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Area: \_\_\_\_\_ FT/PT/INT: \_\_\_\_\_

VA Extension: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Year of Vehicle: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Make of Vehicle: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Model: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Style (2 or 4 door): #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Color: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

License Plate No.: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

State: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_