

Brunswick County Sheriff's Office

S.T.O.P.P.E.D. Program

Registration Form

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Send Parental Notification to: (If different from above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NUMBER VEHICLES TO ENROLL: _____

I wish to participate in the Brunswick County Sheriff's Office S.T.O.P.P.E.D. Program and fully understand that I may receive notification when one of my enrolled vehicles, while operated by a driver 18 and younger, is stopped by Law Enforcement.

Signed: _____

Print your Name: _____

Date: _____

Please mail this form to:

Brunswick County Sheriff's Office

ATTN: S.T.O.P.P.E.D. Program

PO Box 9

Bolivia, NC 28422

OFFICIAL USE ONLY

Date Received: _____

Reviewed by: _____

of Decals _____

Decal Identification Number (s):

Vehicle #1

Make: _____ Model: _____

Year: _____ Color: _____

Tag #: _____

Decal ID #: _____

Vehicle #2

Make: _____ Model: _____

Year: _____ Color: _____

Tag #: _____

Decal ID #: _____

Vehicle #3

Make: _____ Model: _____

Year: _____ Color: _____

Tag #: _____

Decal ID #: _____