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[Name of Practice]  
REGISTRATION FORM

Today's Date: [Date]		PCP: [PCP]	
PATIENT INFORMATION			
Patient's last name: [Last Name]	First: [First Name]	Middle: [Initial] [Choose an item]	Marital status: [Choose an item]
Is this your legal name? Yes No	If not, what is your legal name? [Legal Name]	Former name: [Former Name]	Birth date: [Birthday]
			Age: [Age]
			Sex: M F
Address: [Address/ P.O. Box, City, ST, ZIP Code]			
Social Security no.: [SSN]	Home phone no.: [Phone]	Cell phone no.: [Phone]	
Occupation: [Occupation]	Employer: [Employer]	Employer phone no.: [Phone]	
Choose clinic because/referred to clinic by (Please choose one option):		[Doctor's name] [Choose an item]	
Other family members seen here: [Other patients]			
INSURANCE INFORMATION			
(Please give your insurance card to the receptionist.)			
Person responsible for bill: [Responsible party]	Birth date: [Birthday]	Address (if different): [Address]	Home phone no.: [Phone]
Is this person a patient here? Yes No		Is this patient covered by insurance? Yes No	
Occupation: [Occupation]	Employer: [Employer]	Employer address: [Address]	Employer phone no.: [Phone]
Please indicate primary insurance: [Choose an item]   Other: [Other insurance]			
Subscriber's name: [Name]	Subscriber's S.S. no.: [SSN]	Birth date: [Birthday]	Group no.: [Group #]
			Policy no.: [Policy #]
			Co-payment: [Co-pay]
Patient's relationship to subscriber: [Choose an item]   Other: [Relationship to subscriber]			
Name of secondary insurance (if applicable): [Secondary Insurance]		Subscriber's name: [Name]	Group no.: [Group #]
			Policy no.: [Policy #]
Patient's relationship to subscriber: [Choose an item]   Other: [Relationship to subscriber]			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address): [Friend or relative name]	Relationship to patient: [Relationship]	Home phone no.: [Phone]	Work phone no.: [Phone]
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize (Name of Practice) or insurance company to release any information required to process my claims.			
Patient/Guardian signature		Date	



*"Working with the people of the West Coast to sustainably manage  
The environment for the social, cultural and economic well being  
Of present and future generations"*

### Application for Employment

This is an application for employment with the West Coast Regional Council. Should that application result in an employment arrangement it will form part of an Employment Agreement. The application form is a source of information, which will assist Council in considering your suitability for the position for which you are applying. If successful in obtaining employment, such information requested will form part of the Council's personnel records. Failure to supply the required information may prejudice the council's ability to determine your suitability for the position.

You are entitled to access this information upon request to The West Coast Regional Council. This information is currently held at 388 Main South Road, Greymouth.

What position are you applying for?	
Where did you see the position first advertised?	

Personal Information			
First Names		Surname	
Address:			
Phone:	Home:	Work:	Mobile:
Email:			
(A copy of your Birth Certificate may be required if employment is offered to you)			

Work Status			
Are you a New Zealand Citizen?	Yes	No	
Do you have the right of permanent residence in New Zealand?	Yes	No	
Do you have a work permit?	Yes	No	
You will be required to provide evidence of your entitlement to work in NZ (ie. production of a work permit or residency papers)			

Education			
Please Note: You are not required to complete the following sections if you are submitting a CV containing the information requested.			
Name of School/Technical Institute/ University, etc	Dates Attended		Qualifications Obtained
	From	To	

Please check one:  
 New patient  Update name  
 Update address  Previous form  
 Update insurance out of date

**Patient Registration Information**

Preferred Physician:  
 Cooper  Watson  Curtiss  
 Alby  Wright  Barker  
 Dixon  Morgan

**Patient's Personal Information**

Name: Last First MI SS#: - - - - DL#: \_\_\_\_\_  
 Marital Status: S / M / D / W Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex: M / F Main phone#: ( ) \_\_\_\_\_  
 Alternate phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race:  White  African American  Asian  Other  
 Native American Indian/Alaskan  Native Hawaiian/Other Pacific Islander  
 Primary Language:  Not Hispanic/Latino  Spanish/Latino  English  Spanish  Other  
 Decline to answer

**Emergency Contact—Please list someone that does not live with you**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred Pharmacy Name: \_\_\_\_\_  
 Best Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 if self, do not complete this section.

**Guarantor Information** Relationship to patient:  Self  Spouse  Father  Mother  Other \_\_\_\_\_  
 Name: \_\_\_\_\_ SS#: - - - - DL#: \_\_\_\_\_  
 Last First MI Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Main phone#: ( ) \_\_\_\_\_ Alternate phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

**Patient's Insurance Information**

Primary Insurance Company Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Group#: \_\_\_\_\_ Insurance Address: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Main phone#: ( ) \_\_\_\_\_  
 Subscriber's relationship to patient:  Self  Spouse  Father  Mother  Other \_\_\_\_\_ Copay: \$ \_\_\_\_\_  
 Secondary Insurance Company Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Group#: \_\_\_\_\_ Insurance Address: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Main phone#: ( ) \_\_\_\_\_  
 Subscriber's relationship to patient:  Self  Spouse  Father  Mother  Other \_\_\_\_\_ Copay: \$ \_\_\_\_\_

I request that payment of authorized insurance benefits be made on my behalf to the provider indicated above for services furnished me. I authorize any holder of medical information about me or my dependent to release to the insurance company any information needed to determine these benefits or the benefits payable for related services. A photocopy of this assignment is to be considered as the original. I understand that I am financially responsible for all charges whether or not covered by said insurance. This assignment will remain in effect until revoked by me in writing. I further agree to pay the cost of collection, court costs, and other reasonable fees should they be required in the event of my non-payment. (If this patient is a minor child, the parent signing this form will be financially responsible for the child. Any legal agreement, or other disagreement, between parents in a divorce must be dealt with between those parties and does not involve Family Practice Associates.)

Signature (of Guarantor, if patient is minor) \_\_\_\_\_ Date \_\_\_\_\_

Vsa license cost. How much is vsa license. Registration information sheet (vsa 14i). Set up appointment to register car. Registration and title application instructions.

Loading login session information from the browser... VEHICLE REGISTRATION APPLICATION Use this form to apply for registration of your vehicle. Note: You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the City of Virginia Beach only, DMV collects local vehicle registration fees. Instructions: Refer to the Registration Information Sheet (VSA 14I) for general registration information. All owners must sign the Certification section. Mail completed form with a check or money order (made payable to DMV) to the Special Registration Work Center at the above address, or present to any DMV Customer Service Center (CSC) or DMV Select. A \$10.00 late fee will be charged if registration is renewed after the expiration date. Reissue (Plates & Decals)/Transfer License Plate Number: For Hire (complete "For Hire Information" section) See Reissue Plates below under Two Years (\$2 discount applies)/Three Years (\$3 discount applies)(not available for vehicles subject to emissions testing) OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned) DMV CUSTOMER NUMBER / FEIN / SSN CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix) DMV CUSTOMER NUMBER / FEIN / SSN NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address RESIDENCE/BUSINESS JURISDICTION can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated. OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable) CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable) Are any of the owners/lessees on active LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED IF NEW LOCATION ENTER DATE CHANGE military duty or service? IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW. REGISTRATION MAILING ADDRESS - OPTIONAL LEASE INFORMATION (if applicable) LESSEE'S FULL LEGAL NAME (last, first, mi, suffix) DMV CUSTOMER NUMBER / FEIN / SSN LESSEE'S RESIDENCE/BUSINESS ADDRESS/VEHICLE IDENTIFICATION NUMBER (VIN) GVWR WEIGHT SINGLE VEHICLE (manufacturer) GROSS WEIGHT (truck & attached trailer) GCWR COMBINED WEIGHT (truck & attached trailer) PERSONAL PROPERTY TAX RELIEF ELIGIBILITY. Answer the questions below to determine if your vehicle qualifies for car tax relief. a. Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes? c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual? 2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. 3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below. PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary? VEHICLE REGISTRATION APPLICATION Use this form to apply for registration of your vehicle. Note: You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the City of Virginia Beach only, DMV collects local vehicle registration fees. Instructions: Refer to the Registration Information Sheet (VSA 14I) for general registration information. All owners must sign the Certification section. Mail completed form with a check or money order (made payable to DMV) to the Special Registration Work Center at the above address, or present to any DMV Customer Service Center (CSC) or DMV Select. A \$10.00 late fee will be charged if registration is renewed after the expiration date. Reissue (Plates & Decals)/Transfer License Plate Number: For Hire (complete "For Hire Information" section) See Reissue Plates below under Two Years (\$2 discount applies)/Three Years (\$3 discount applies)(not available for vehicles subject to emissions testing) OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned) DMV CUSTOMER NUMBER / FEIN / SSN CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix) DMV CUSTOMER NUMBER / FEIN / SSN NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address RESIDENCE/BUSINESS JURISDICTION can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated. OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable) CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable) Are any of the owners/lessees on active LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED IF NEW LOCATION ENTER DATE CHANGE military duty or service? IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW. REGISTRATION MAILING ADDRESS - OPTIONAL LEASE INFORMATION (if applicable) LESSEE'S FULL LEGAL NAME (last, first, mi, suffix) DMV CUSTOMER NUMBER / FEIN / SSN LESSEE'S RESIDENCE/BUSINESS ADDRESS/VEHICLE IDENTIFICATION NUMBER (VIN) GVWR WEIGHT SINGLE VEHICLE (manufacturer) GROSS WEIGHT (truck & attached trailer) GCWR COMBINED WEIGHT (truck & attached trailer) PERSONAL PROPERTY TAX RELIEF ELIGIBILITY. Answer the questions below to determine if your vehicle qualifies for car tax relief. a. 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VSA 14 (02/25/2021) -- Page 2 Check to indicate how the vehicle being registered will be used PASSENGER CARRIER OPERATIONS PROPERTY CARRIER OPERATIONS Common Carrier - Regular Route Common Carrier - Irregular Route Contract Passenger Carrier Non-Emergency Medical Transport Household Goods Carrier \*Exempt Operations - Passengers \*Exempt Operations - Property \*\* You must also complete the For-Hire Vehicles Registration Request (MCS115) Do you hold a valid intrastate operating authority certificate/permit? If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115). Virginia offers more than 200 unique plates for our citizens. Please visit for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information. Standard - (Virginia is for Lovers) Heritage (Dogwood-Cardinal) Special Plate (enter type) may be issued to trailers, travel trailers, or semi-trailers; trucks/tractors with a GVWR or GCWR of more than 26,000 lbs.; trucks/tractors with GVWR or GCWR of 7,501 to 26,000 lbs. if used for business only; farm vehicles registered pursuant to § 46.2-698; taxicabs or other motor vehicles performing a taxicab service; common carrier vehicles Farm Plate - You must ALSO complete the Farm Vehicle Plate Certification (VSA 131). Trailer Permanent - one-time fee (trailer gross weight must be 4,000 lbs or less) For Hire Plate (enter description) (examples: Taxi, Passenger For Hire, Tow Truck, etc.) I want a new plate design/character combination PERSONALIZED LICENSE PLATES. To request personalized license plates, check this box and enter your choices below. Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair/We certify that (check one): NAME OF INSURANCE COMPANY This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement. Be advised that the amount of liability coverage required is higher for vehicles that are operated for hire. This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.) A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, or the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement. PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code § 46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code § 46.2-208 through 46.2-214 and 18 U.S.C. 2721. POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code § 46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia. I/we certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation. If the vehicle to be registered has a gross weight of 26,001 pounds or more, I/we further certify and affirm my/our knowledge of all applicable state and federal motor carriers safety and hazardous materials laws and regulations. If I/we have requested Amateur Radio Operator Call Letter license plates, I/we certify and affirm that I/we will return those plates to DMV for another type of license plate within 90 days if my/our amateur radio license becomes invalid for any reason. An authorized representative must sign for a corporation or company. APPLICANT/AUTHORIZED CORPORATION/COMPANY REPRESENTATIVE SIGNATURE RECS TRANSACTION FEE (TOTAL RENEWALS X 5)



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