



UTILITY VEHICLE APPLICATION

REGISTRATION YEAR _____

NAME _____

RESIDENTIAL ADDRESS: _____ **PHONE #** _____

MAILING ADDRESS: (if different from above) _____

VEHICLE YEAR & MAKE _____ **VEHICLE MODEL** _____

VEHICLE COLOR _____ **VEHICLE VIN #** _____

REGISTRATION REQUIREMENTS

CERTIFICATE OF INSURANCE (ATTACHED) _____ **POLICY #** _____

INSURANCE COMPANY _____ **POLICY EXP DATE** _____

I, _____ **HEREBY CERTIFY THE FOLLOWING ARE FULLY FUNCTIONAL AND OPERATIONAL:**

BRAKES _____ **PARKING BRAKE (IF EQUIPPED)** _____ **STEERING COLUMN** _____

VEHICLE HAS NOT LESS THAN FOUR(4) WHEELS _____ **HEADLAMPS** _____ **TAIL LAMPS** _____

STOP LAMPS _____ **REFLEX REFLECTORS: ONE RED ON EACH SIDE** _____ **ONE RED ON THE REAR** _____

TURN SIGNALS _____ **MIRRORS: EXTERIOR DRIVERS SIDE** _____ **EXTERIOR PASSENGER SIDE** _____

INTERIOR _____ (IN LIEU OF EXTERIOR PASSENGER SIDE)

I UNDERSTAND UTV'S MAY NOT BE DRIVEN ON State or Federal highways, including but not limited to, Highway 25 and Business 60; further may not be driven on Brown Pilot Lane, Central Drive, One Mile Road, Grant Street between Park Lane and Two Mile Road. UTV's may only cross the above highways and streets where the speed limit is 45 mph or less. Further, I certify all information on this Application is true accurate and complete and any false or inaccurate information contained on this Application may result in revocation of the license in addition to any other penalties provided by law.

\$50.00 FEE CASH/CHECK ONLY

SIGNATURE OF APPLICANT _____ **DATE** _____

TAXES PAID _____ **DL EXPIRATION DATE** _____

DATE STICKER ISSUED _____ **DATE PAID** _____

WILL NEED TO PROVIDE DRIVERS LICENSE, PAID CITY & COUNTY TAX RECEIPTS, INSURANCE CARD