



Special Purpose Vehicle Registration

Please complete the following. A separate form must be completed for each Special Purpose Vehicle (SPV) being registered. A copy of SPV insurance **MUST** be attached to the application. Please print legibly or type in black or blue ink only.

NEW REGISTRATION **RENEWAL** **Date of Application:** _____

Owner Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____
Email Address: _____

Type of SPV: Golf Cart Work Site Utility Micro Utility ATV
Year: _____ **Make:** _____ **Model:** _____
VIN / Serial Number: _____
Motor Type: Gas Electric

Copy of Proof of Coverage Required

Insurance Company: _____
Policy Number: _____

OFFICE USE ONLY

Check if Verified: Title/Bill of Sale Driver's License Proof of Insurance
SPV Registration: Approved Denied *If denied why:* _____

Decal Registration Number: _____ Registration Year: _____
Date Decal Issued: _____ Expiration Date: DECEMBER 20____

Check if Verified: CASH MONEY ORDER CHECK

Officer Signature: _____ Date: _____