

ATV/MINI TRUCK PERMIT APPLICATION			
			Permit Fee \$15.00
		Permit No:	
		Permit Expiratio	n Date:
Name:			_ D.O.B.:
Address:			
Phone:	E-ı	mail (opt.)	
Driver's License No.: _			State:
Do you have any medi	cal conditions that restrict you	from driving a motor	vehicle on public roadways?  Yes No
If yes, explain:			
Insurance Agency:			_ Policy No.:
Expiration Date for AT	V or Mini Truck Insurance Pol	icy:	
Make:		Model No.:	
Year:	Serial Number:		_ State Registration No.:
Form of Payment	Cash Check	Credit Card	
***Please note: The permit sticker provided must be affixed to a license plate			
Applicant Signature			Date
JB/, 10-12, N:\ATV. APP			