City of Moran ATV & UTV Permit Application

Applicant's Full Le	aal Nama:			
	gai Name.	N AC -1 -11 -		
	First	Middle		Last
Physical Address:	Street	City	State	Zip Code
Mailing Address:		Oity	Otate	Zip Gode
Mailing Address: _	Street	City	State	Zip Code
	Геlephone Number: ()	E-mail Address:		·
	cant:			
	I ATV & UTV Permits are			
* Operator must have a valid driver's license and be 18 years of age or older.				
	INSI	PECTION CERTIFICATE		
Year:				
Year: Serial Number:	Make/Model:		Color:	
Serial Number:	Make/Model:		Color:	
Serial Number:	Make/Model:ve inspected the described A	ATV/UTV and that it is e	Color: Tag: equipped as red	quired by law.
Serial Number: I certify that I hav Name:	Make/Model:ve inspected the described A	ATV/UTV and that it is e	Color: Tag: equipped as red Agency: Moral	quired by law. n Police Department
Serial Number: I certify that I have Name: ID Number:	Make/Model:ve inspected the described A	ATV/UTV and that it is e	Color: Tag: cquipped as rec Agency: Moral Telephone Nu	quired by law. n Police Department mber: (620) 237-4724
Serial Number: I certify that I have Name: ID Number:	Make/Model:ve inspected the described A	ATV/UTV and that it is e	Color: Tag: equipped as red Agency: Moral	quired by law. n Police Department mber: (620) 237-4724
Serial Number: I certify that I have Name: ID Number:	Make/Model:ve inspected the described A	ATV/UTV and that it is e	Color: Tag: cquipped as rec Agency: Moral Telephone Nu	quired by law. n Police Department mber: (620) 237-4724

__: Emblem/Flag

__: Copy of Owners Driver's License