City of Moran ATV & UTV Permit Application

Please Print or Ty	pe				
Applicant's Full Leg	al Name: First				
		Middle		Last	
Physical Address: _	Street	City	State	Zip Code	
Mailing Address		O.I.y	Giaio	p	
Mailing Address:	Street	City	State	Zip Code	
Te	elephone Number: ()	E-mail Addre	ess:		
Signature of Applicant:			Date:		
Annual	ATV & UTV Permits ar	e \$30.00 annually a	nd expire on	December 31st.	
		REQUIREMENTS			
* Operator must	have a valid driver's li	cense and be 18 ye	ars of age or	older.	
·	ered/or should be regis pplication and fee alor	•	bility insurand	ce to Moran City Hall.	
		SFECTION CERTIFIC	AIL		
Year:	Make/Model:		Co	olor:	
Serial Number:					
I certify that I have	inspected the described	d ATV/UTV and that it	is equipped as	s required by law.	
Name:			Agency: Moran Police Department		
ID Number:			Telephone Number: (620) 237-4724		
Signature of Inspec	tor:		Date:		
		CHECK LIST			
: Proof of Insura	of of Insurance: Brake lights				

__: Emblem/Flag

__: Copy of Owners Driver's License