

City of Moran

Special Vehicle Permit Application

Please Print or Type

Applicant's Full Legal Name: _____
First Middle Last

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone Number: (____) _____ E-mail Address: _____

Signature of Applicant: _____ Date: _____

Annual Special Vehicle Permits are \$30.00 annually and expire on December 31st.

REQUIREMENTS

**** Operator must have a valid driver's license and be 18 years of age or older.***

**** Applicants must must provide proof of liability insurance when filing this application. Liability insurance must be continuously maintained in your name, for the entire time the vehicle is registered/or should be registered with the City of Moran.***

**** Golf Carts-ATV/UTV's are to be driven on City streets only, you may cross the highway but not drive up and down it. It is the responsibility of the golf cart owner to know what roads are designated as permissible for the operation of golf carts.***

**** No leisure driving after dark on the City Streets.***

Submit this application and fee along with proof of liability insurance to Moran City Hall.

INSPECTION CERTIFICATE

Year: _____ Make/Model: _____ Color: _____

Serial Number: _____ Tag No: _____

I certify that I have inspected the described ATV/UTV and that it is equipped as required by law.

Agency: Moran Police Department Signature of Inspector: _____

Date: _____

CHECK LIST

___: Proof of Insurance ___: Emblem/Flag ___: Copy of Owners Driver's License