



ALL TERRAIN VEHICLES (ATV) OR UTILITY TASK VEHICLE (UTV) PERMIT APPLICATION



Permits expire on December 31st

- 1-Year Permit - \$25.00 (gray)
- 2-Year Permit - \$35.00 (orange)
- 3-Year Permit - \$45.00 (light blue)

Type of Vehicle

- Class 1 – ATV
- Class 2 – ATV/UTV

Make _____

Model _____

VIN _____

DNR Reg # _____

DNR Registration Expires: _____

PROOF OF LIABILITY INSURANCE REQUIRED -

Insurance Provider: _____

Policy Number: _____

Please list all authorized and licensed users below. Copy of driver's license required and also Safety Certificate if born after 7-1-1987.				
Drivers	Names and Addressees	DOB	Safety Cert.	Driver's License #
Applicant & Reg. Owner	Full Name: Street: City, State/Zip: Phone:		<input type="checkbox"/>	
Driver #2	Full Name: Street: City, State/Zip:		<input type="checkbox"/>	
Driver #3	Full Name: Street: City, State/Zip:		<input type="checkbox"/>	
Driver #4	Full Name: Street: City, State/Zip:		<input type="checkbox"/>	
Driver #5	Full Name: Street: City, State/Zip:		<input type="checkbox"/>	

Please indicate if vehicle has the following required minimum equipment:

Class 1 – ATV	Class 2 – ATV/UTV
<input type="checkbox"/> At least two (2) headlights	<input type="checkbox"/> Rollover protection bar
<input type="checkbox"/> At least one (1) tail light	<input type="checkbox"/> At least two (2) headlights
	<input type="checkbox"/> Seatbelts for driver and all occupants pursuant to the design occupant load
	<input type="checkbox"/> At least one (1) tail light and one (1) brake light
	<input type="checkbox"/> Front and rear turn-signal lights
	<input type="checkbox"/> An exterior mirror mounted on the driver's side of the vehicle and either an exterior mirror mounted on the passenger's side of the vehicle or an interior mirror to provide the driver with adequate vision from behind as required by MN Statute §169.70

I attest that the information on the application is complete and accurate to the best of my knowledge. I also acknowledge the City of Worthington's Special Vehicle Ordinance and agree to comply with all requirements therein.

Signature _____ Date _____

<p>PERMIT AUTHORIZATION (For Police Department Only)</p> <p>Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, list reason(s) for denial): _____</p> <p>By: _____</p>	<p>Permit #: _____</p> <p>Total Paid: _____</p> <p>Date: _____</p>
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Please attach insurance, all driver's licenses and safety certificates if born after 7-1-1987.