

**City of Sky Valley**  
**Registration Application for Personal Transportation Vehicle**

Owner of Golf Cart: \_\_\_\_\_

Owner's Driver's License No. \_\_\_\_\_ State of Issued \_\_\_\_\_

Are you 18 years of age or older? YES / NO (circle one) *(Applicant must be 18 years or older to register carts.)*

Home – Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

VIN/SERIAL # \_\_\_\_\_ Cart Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

List below the names and provide a copy of a valid driver's license for each additional driver that will also be operating the PTV:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

***Please read carefully:***

I have received the City's PTV Ordinance #14-05. I understand and will abide by the City of Sky Valley and state laws pertaining to personal transportation vehicles as described in the ordinance and further agree that each driver listed above will be familiar with Ordinance prior to operating the PTV. I have been advised I am responsible for maintaining liability insurance for the PTV. I understand that, as the registered owner, I accept both legal and civil responsibility for any actions committed during the operation and use of the PTV. I certify that the information contained herein is correct to the best of my knowledge

\_\_\_\_\_  
Owner Signature – READ ABOVE NOTE BEFORE YOU SIGN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date

**FOR CLERK AND OFFICE USE ONLY**

Were copies received of all drivers' license for OWNER AND EACH DRIVER that is listed on this application and are the copies attached to this application?  Yes  No Fee Paid by:  Cash  Check # \_\_\_\_\_

Inspection completed by Sky Valley Police Department?  Yes  No

Date Decal Issued: \_\_\_\_\_ Decal # \_\_\_\_\_ Date of Expiration: \_\_\_\_\_