

Application for Registration of a UTV
(for restricted operation on certain city streets)

City of Mulvane, Kansas
211 N. 2nd
Mulvane, Kansas 67110

Printed Name of Applicant: _____

Address: _____

City, State & Zip Code: _____

I, the undersigned applicant, hereby warrant, confirm and defend that I am the duly authorized owner of the following described ATV or UTV:

UTV Make: _____

UTV Model: _____

UTV Serial Number: _____
(if available)

That the same has been maintained in a good and safe operating condition, is equipped with a lap and shoulder belt restraint system for the operator and each of the passengers, and that I have obtained, and will maintain during the period of licensure, a policy of liability insurance which conforms to the requirements of the City of Mulvane, Kansas Municipal Code and Kansas Law requirements, such policy to be maintained with the following insurer duly licensed within the State of Kansas:

Name of Insurer: _____

(Proof of insurance and provision for seat belts shall be required at time of registration.)

I further certify that I have read and understand the law, rules and special responsibilities of an owner and operator of a UTV within the City Limits of Mulvane, Kansas, and that I agree to abide by the same, including the summary of UTV Rules, as attached to this application.

Signature of Applicant

Date

For Office Use Only:

\$100.00 Fee

Seat Belts

Proof of Insurance

License Number Issued: _____
LICENSE EXPIRES June 30, 20____