Recreational Vehicle Registration Form

Property Owner's information	
Owners Name:	Date:
PSCA Address:	Account#:

Phone #:_____ ☐ Cell ☐ PSCA Home ☐ Alt. Home/_____

Email: Do you receive or wish to receive PSCA Weekly Update ☐ Yes ☐ No

Type Code: A=ATV, U=UTV, D=Dirt Bike, G=Golf Cart

							Office Use Only			
Type	Power by G or E	Manufacturer	Model	Motor size	Year	Color	DBL Reading*	Pass or Fail**	Equip. For Night Y/N	License Number

***Only gas power vehicle will need to go through Decibel Check point. **Failed the unit cannot be registered**

Following to be fill out by PSCA Staff

⁂Copy of Insurance on File: ☐ YES Expiration Date: _____ ☐ No

⁂Does it cover recreational vehicles: ☐ Yes ☐ No

Youth⁂Property Owner sign waiver attached to the application: ☐ Yes ☐ No

Is rider over 16 years of age: ☐ Yes ☐ No If no answer question on next line

⁂Rider 12 to 16 years old: Proof of ATV Safety Course ☐ Yes ☐ No If Yes diret to have ID Photo Taken ☐ Yes ☐No

All the above must be completed in order to proceed. ⁂ If No to any of these questions stop and see supervisor.

Number of Vehicle to Register: Cost X $15.00 Total

Paying by Check ☐ # Credit Card: ☐ Add 3% Convenience Fee Total:

PSCA Staff completing Registration: Completing Transaction:

PHOTOS

Front

Side

Rear
(Must Show license Plate)