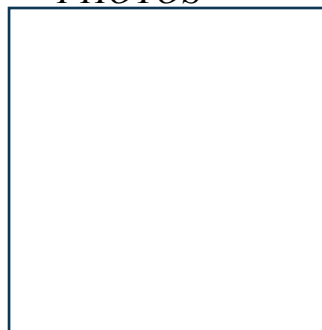




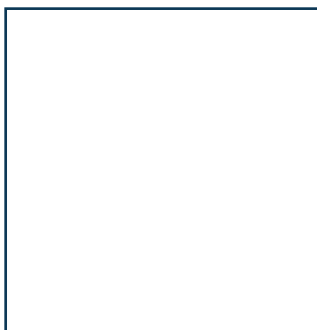
Recreational Vehicle Registration Form

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 direct 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)