** **

 **SPECIAL PURPOSE VEHICLE APPLICATION**

\* Permit fee of $25.00 must be submitted to finance/utility billing after inspection by ACPD.

Application Date: \_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION FOR REGISTERING PARTY**

**Name (F,M,L): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: Home/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Operator Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_**

**VEHICLE INFORMATION *(please print)***

**Vehicle Type *(check one)*: \_\_Golf Cart \_\_Work-Site Utility (UTV) \_\_Micro-Utility Truck (MUT) \_\_All-Terrain Vehicle (ATV)**

**Year, Make, Model & Weight (Max. 2,000 lbs):**

**Vehicle Identification Number (VIN):**

**Insurance Carrier:**

**Insurance Policy Number: Issue Date:**

**APPLICANT CERTIFICATION** *(Applicant must be 18 years of age or older)*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the above-named applicant, have read the contents of this application and that all information and answers contained herein are complete and true. In addition, I have read and understand all applicable rules and regulations as set out in the Municipal Code (Ord. No. 2024-12-4628) of the City of Arkansas City. Furthermore, I hereby agree to comply with all the laws of the State of Kansas, and all rules and regulations prescribed by the City of Arkansas City, and I have consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………. *The following is to be performed & completed by ACPD* …………………………………………**

**VEHICLE INSPECTION**

|  |  |
| --- | --- |
|  | **Seatbelts & Shoulder Harness** |
|  | **Head & Tail Lamps**  |
|  | **Stop and Turn Signals** |
|  | **Horn** |
|  | **Mirror on Left Side of Vehicle** |
|  | **Mirror on Right Side or Center of Vehicle** |
|  | **Muffler or Noise Suppressing System** |
|  | **Windshield or Proper Eye Protection** |
|  | **Other:**  |

 Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Approval Printed Name Police Approval Signature Date

**…………………………………………………………………………………………………………………………………**

**Return Completed Applications To:**

Arkansas City Police Department 117 W. Central Ave., Arkansas City, KS 67005

Questions? Please contact us at 620-441-6601 or acpd@arkansascityks.gov