

Low Power Vehicle Registration

Owner: _____

Address: _____

Phone number: _____

Insurance Carrier: _____

Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Date of Issuance: _____

Remember to get:

1. Picture I.D.
2. Copy of Proof of Insurance
3. \$10.00 Annual Permit Fee unless:
 Age 55 years old or older
 United States Military Veteran
4. Copy of this form and Driver's License and Insurance Card to Police Department