



1955 INDIANAPOLIS AVE

Lebanon, IN 46052

Phone: (765) 482-4550 | Fax: (765) 483-4451

APPLICATION FOR OFF-ROAD VEHICLE REGISTRATION

<u>Applicant Information</u>	
Applicant Name: _____	Date: _____
Mailing Address: _____	
City, State, Zip: _____	Township: _____
Phone: _____	Email: _____
<u>Vehicle Information</u>	
Make of Vehicle: _____	Model: _____
Manufacturer's I.D. Number: _____	
<u>Indiana Registration Information</u>	
Indiana Registration Number: _____	Expiration Date: _____
<u>Insurance Information</u>	
Policy Holder: _____	Policy Number: _____

Terms of this registration:

Under the terms of this registration, the permittee shall comply with all the conditions set forth in Boone County Ordinance 2015-5.

Registrations are valid only for the calendar year issued and must be re-registered on or before January 31st of the following year.

Registration card must be kept on vehicle at all times and the registration sticker affixed to the vehicle in a location that is clearly visible.

Registrations are non-transferable.

I hereby certify that I am the legal owner of the vehicle being registered and all documentation provided is authentic and will be kept valid throughout the term of Boone County registration, if approved. I have read and fully understand all requirements concerning the registration outlined in Boone County Ordinance 2015-5 and all other ordinances and laws pertaining to off-road vehicles. I also certify that I, the applicant and all persons driving the off-road vehicle authorized by this registration understand all requirements of the registration and will abide by all of their requirements and conditions of all applicable ordinances and laws.

Applicant: _____
(Signature)

Date: _____

Do not write in this Section - Highway Department Use Only

Off-Road Vehicle Registration:..... \$25.00 per year up to 3 years

Check or money order #: _____

Copy of valid Indiana registration provided?

- Yes
- No

Indiana Registration Number: _____ Valid Through: _____

Proof of insurance provided?

- Yes
- No

Policy Holder: _____ Policy Number: _____

Registration Number: _____ Registration Year: _____

Issued by: _____ (Signature) Issued by: _____ (Printed)

Date issued: _____