

Where Georgia comes together.

Personal Transportation Vehicle (PTV) Registration

Name:						
(Last)	(First)		(Middle)			
Home Address:(Number an	d Street)	(City)	(State)	(Zip Code)		
Phone Number:	Email .	Address:				
Date of Birth://_	Driver's	License Number: _				
Make of PTV:	Model:	VIN#:_				
Year: C	olor:	Check one:	\square Gas	\square Electric		
Required Attachments:						
\square Copy of Owner's Driver's Lic	ense					
\square Copy of Minimum Liability I	nsurance Coverage					
\square Inspection Checklist						
Upon the inspection of this p issuance of a permit decal, it and fully visible at all times. from the date of approval, as applicable codes of the City of	is understood that the It is also understood suming the operator	he permit decal <u>m</u> l that this permit i	ust be aff s good for	ixed as directed r three (3) years		
Applicant's Signature:	cant's Signature:			Date:		
Date of Inspection:	Permit N	Number:	Expires	:		
Officer's Name (Printed):		Signature:				