



APPLICATION FOR SNOWMOBILE REGISTRATION

Owners Name: _____

Street Address: _____ Phone #: _____

Birth Date: ____/____/____

Driver's/Operators License Number: _____ Class: _____

Vehicle Type

Snowmobile

Make: _____ Model: _____ Year: _____
Serial # _____ Engine Displacement: _____

Safety Equipment Working: Yes No

Brakes: __ Muffler: __ Head Lights: __

Tail Lights: __ Brake Lights: __

COPY OF INSURANCE ATTACHED

All permits are valid from the 1st day of October of the current year to the 30th day of September the year following.

I, _____, hereby certify that I am the legal owner of the above described All-Terrain Vehicle that the above information is true to the best of my knowledge; and, that I am familiar with the provisions of the Town of Inuvik All-Terrain Vehicle By-Law # 1538/TR/98

Applicant's Signature (or agent of legal owner)

Date

Applicant's Name (please print)

Received By: _____
Town of Inuvik(Signature)

(please print name)