

## Application for All-Terrain Vehicle Permit

This Application shall be completed and submitted to the Thief River Falls Police Department along with the appropriate application fee.

1. Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Address (Must include street address & phone #): \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Driver license information:

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

State: \_\_\_\_\_

Expiration date: \_\_\_\_\_

5. DNR Driver certification number: \_\_\_\_\_

6. Insurance information:

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Limits of liability: \_\_\_\_\_

7. ATV information:

DNR Registration #: \_\_\_\_\_ Year: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model & year: \_\_\_\_\_

In WITNESS WHEREOF, The applicant has executed this application the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I acknowledge that I have been provided with a copy of City Code Chapter 74, and all amendments thereto, that I have read said Chapter, and that I have been given an opportunity to ask any questions regarding that Chapter. I acknowledge that I will comply with all of the provisions contained within said Chapter.

Dated: \_\_\_\_\_  
(Applicant)