



105 E. Center Street
Sikeston, MO 63801
573-471-2512
www.Sikeston.org

**UTILITY VEHICLE APPLICATION
REGISTRATION YEAR _____**

NAME _____ TELEPHONE _____

RESIDENTIAL ADDRESS: _____ City _____ St _____ Zip _____

MAILING ADDRESS (if different from above) _____

Vehicle Make _____, Vehicle Model _____

Vehicle Color _____, Vehicle VIN# _____

REGISTRATION REQUIREMENTS

Certificate of Insurance _____ (Attached)

I, _____ hereby certify the following are fully functional and operational:

Brakes _____ Parking Brake (If equipped) _____ Steering Column _____

Vehicle has not less than four (4) wheels _____ Headlamps _____ Tail Lamps _____

Stop Lamps _____ Reflex reflectors: One red on each side _____, One red on the rear _____

Turn Signals _____ Mirrors: Exterior Drivers Side _____ Exterior Passenger Side _____

Interior _____ (In lieu of Exterior Passenger Side)

I UNDERSTAND UTV'S MAY NOT BE DRIVEN ON State or federal highways, including but not limited to Main St., Malone Ave., and West Salcedo Rd., and UTV's may only cross State highways where the speed limit is 45 mph or less. Further, I certify all information on this application is true, accurate and complete and any false or inaccurate information contained on this application may result in revocation of the license in addition to any other penalties provided by law.

Signature of Applicant

Sticker Issued _____ Date: _____

Signature of Issuer _____