

**CITY OF WELLINGTON**

**SPECIALTY VEHICLE REGISTRATION**

*(one permit/decals per vehicle, copy of insurance to be attached to application)*

**Date of Application:** \_\_\_\_\_

**Fee \$25.00**

**Name of Owner:** *(first)* \_\_\_\_\_ *(MI)* \_\_\_\_\_ *(last)* \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Type of Vehicle:** MUT \_\_\_ **Work Site Utility (WSU)** \_\_\_ **Golf Cart (GC)** \_\_\_\_\_

**Motor Type:** Electric \_\_\_\_\_ Gas \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**VIN/Serial Number:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Headlights:** yes \_\_\_\_\_ no \_\_\_\_\_

**Taillights:** yes \_\_\_\_\_ no \_\_\_\_\_

**TO BE COMPLETED BY STAFF**

**Decal #** \_\_\_\_\_ **Issued Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Amount collected:** \$ \_\_\_\_\_

**Clerk/Officer Signature:** \_\_\_\_\_