

Golf Cart Registration Application

Applicant Information

Name: _____ Phone(H): _____ Cell#: _____

Address: _____

Email: _____ Driver License no. _____

The information below is to be filled out by Police Department during inspection.
GOLF CART INSPECTION

Name of employee completing inspection: _____ Receipt of payment verified _____
 Registration Decal # _____ Golf Cart Manufacturer: _____
 Serial or ID #: _____ Owner Applied Number: _____
 Vehicle color: _____ Seat capacity : _____ Photo attached _____
 Proof of ownership/ affidavit attached: _____ Proof of insurance attached _____

I certify that all drivers operating the golf cart will have a valid driver license and be 16 years of age or older. I have received a copy of Ordinance No. 2013-4285 and shall ensure that all drivers comply with the Sanford Golf Cart Rules and Regulations. I understand that driving a golf cart on the city streets is a privilege that can be revoked by the city.

Signature: _____ Date: _____

REQUIRED EQUIPMENT (Certified by Owner)	INITIALED BY OWNER
EFFICIENT BRAKES	
RELIABLE STEERING APPARATUS	
SAFE TIRES	
REARVIEW MIRROR	
RED REFLECTORIZED WARNING DEVICES ON FRONT AND REAR OF GOLF CART	

The following items are required for use of golf carts between sunset and sunrise or during the conditions of rain, smoke ,or fog.

REQUIRED EQUIPMENT (Certified by Owner)	INITIALED BY OWNER
HEADLIGHTS	
BRAKE LIGHTS	
TAIL LIGHTS	
TURN SIGNALS	
WINDSHIELD	

The inventory conducted by the Police Department is not a safety inspection and does not indicate the operational or serviceability of the golf cart. Owners are required to ensure they are safe to drive.

Entered into the Sanford Police database :

By: _____ ID: _____ Date: _____