

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)