

**City of Clarkesville**  
PERSONAL TRANSPORTATION VEHICLE  
(PTV) REGISTRATION FORM

To get an Officer to complete their part. Call 706-778-3911 and tell the operator you need a vin verification.

**OWNER INFORMATION**

**DECAL # ISSUED:**

FULL NAME:		DATE OF BIRTH:	
PHYSICAL ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS: <i>(If Different)</i>			
CITY:		STATE:	ZIP:
IS YOUR PHYSICAL ADDRESS INSIDE THE CITY LIMITS OF CLARKESVILLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
CELL PHONE:		ALT PHONE:	
EMAIL:			
DRIVER LICENSE NUMBER:			

**PTV INFORMATION**

MAKE:		MODEL:	
YEAR:	COLOR:	BODY STYLE:	
VIN / SERIAL #:			
INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROVIDER NAME:	POLICY #:

**AFFIDAVIT:**

I have received the City's "Personal Transportation Vehicle (PTV) Information" brochure. I understand and will abide by City of Clarkesville Ordinances and State laws pertaining to Personal Transportations Vehicles (PTV) as described in the brochure. I acknowledge that city ordinance requires me to have liability insurance for my PTV. I understand and acknowledge that, as the registered PTV owner, I have legal responsibility for any actions committed during the operation and use of the PTV, including those of any agents I allow or authorize to use my PTV, and understand that I can be charged for any violation of the Clarkesville Code of Ordinances. I certify that the information supplied by me contained herein is correct to the best of my knowledge. I understand the PTV registration fee is \$15.00 and good for 5 years, then must be renewed.

\_\_\_\_\_  
OWNERS SIGNATURE

\_\_\_\_\_  
DATE

*Note: O.C.G.A. §40-1-1 (43.1) mandates that PTVs weigh 1,375 pounds or less and cannot exceed 20 mph or motor vehicles weighing 1,300 pounds or less which cannot exceed 20 mph that were authorized to operate on local roads prior to January 1, 2012. If your vehicle does not comply, it cannot be legally registered or used in accordance with the City of Clarkesville.*

*Immediately report stolen carts to the City of Clarkesville Police Department. Submit a release of liability form with 10 days of changes in ownership (sale, transfer, relocation of owner, or destruction of PTV)*

**OFFICIAL USE ONLY**

1. BREAKING SYSTEM SUFFICIENT FOR WEIGHT & PASSENGER CAPACITY; INCLUDES PARKING BRAKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. REVERSE WARNING DEVICE FUNCTIONAL AT ALL TIME WHILE IN REVERSE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. MAIN POWER SWITCH – WHEN IN OFF POSITION RENDERS VEHI LCE INOPERATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. HIP RESTRAINTS AND/OR HAND HOLDS OR COMBINATION THEREOF? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. FUNCTIONING HEAD LAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. FUNCTIONING TAIL LAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. REFLEX REFLECTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. REARVIEW MIRROR? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. HORN OPERATIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. SAFETY WARNING LABELS? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. HANDICAP DECAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS

**PTV INSPECTION:** *(Circle One)* **APPROVED / DENIED**

REASON FOR DENIAL:


DATE INSPECTED:		OFFICER / DESIGNEE NAME:
TITLE:	BADGE #:	OFFICER/DESIGNEE SIGNATURE:

AMOUNT PAID:	DATE PAID:	<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> MO <input type="checkbox"/> CHECK
DECAL NUMBER ISSUED:		DECAL EXPIRATION DATE:

