

Please print this page and bring to FIPOA Security Office during business hours for Golf Cart inspection.



<b>Date:</b>
<b>Decal #</b>

## Golf Cart Registration Form

Owner's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Off Island Phone #: \_\_\_\_\_

Golf Cart Make: \_\_\_\_\_ Color: \_\_\_\_\_

Serial #: \_\_\_\_\_ # of Seats: \_\_\_\_\_  
(If Applicable)

Golf Cart Insurance:    yes \_\_\_\_\_ no \_\_\_\_\_    Company: \_\_\_\_\_

Rearview Mirror:        yes \_\_\_\_\_ no \_\_\_\_\_

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

Tail Lights:              yes \_\_\_\_\_ no \_\_\_\_\_

Brake Lights:            yes \_\_\_\_\_ no \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

I declare this vehicle is insured with the company named above and I will maintain liability insurance.

Owner's Signature: \_\_\_\_\_