



# Non-Highway Vehicle Registration

Registration Fee \$100.00

**Name of Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Type of Vehicle:** Golf Cart \_\_\_\_\_ Recreational Off-Highway \_\_\_\_\_

**Serial Number, Make & Model:** \_\_\_\_\_

**All Approved Operators:**

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Golf Cart / Recreational Off-Highway Vehicle Liability Insurance: (Copy of Insurance Card required)**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I understand the following are required safety features. Please check each box to acknowledge understanding and attesting to safety features on non-highway vehicle registered:**

\_\_\_\_ Brakes \_\_\_\_\_ Brake lights

\_\_\_\_ Steering apparatus \_\_\_\_\_ Turn signals

\_\_\_\_ Tires \_\_\_\_\_ Seat belt for each occupant

\_\_\_\_ Rear view mirror

\_\_\_\_ Red reflectorized warning devices in front and rear

\_\_\_\_ Slow moving vehicle emblem on rear

\_\_\_\_ Headlight that emits a white light visible 500' from the front

\_\_\_\_ A tail lamp that emits a red light visible from at least 100' from the rear

**Waiver of Liability:** I have read and understand Ordinance 2022-XX Regulating the Use of Non-Highway Vehicles within the Town of Cortland. I acknowledge and agree that I will assume ALL Liability and am fully responsible for the operation of the vehicle. I also acknowledge and agree that the Town of Cortland, in authorizing and providing regulations, is in no way endorsing said operation and does not and will not assume any liability in said operation. I agree to indemnify and hold harmless the Town of Cortland for any and all liability from said operation.

I further acknowledge and agree that the Town's interpretation of said Ordinance is final and that I will obey all regulations in said Ordinance.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

For Internal Use: Date Received: \_\_\_\_\_ Payment Method: Cash Check Card Received By: \_\_\_\_\_