



**Registration Authorization Farm Area Vehicles**

<p>MVA USE ONLY</p> <p>Plate number: _____</p> <p>Expiration date: _____</p>	<p>Level one inspection date: _____</p> <p>Operator ID: _____</p> <p>Date: _____</p> <p>Method of payment: <input type="checkbox"/>CK <input type="checkbox"/>CA <input type="checkbox"/>CC <input type="checkbox"/>CV</p>
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**APPLICANT INFORMATION**

Name – First			Middle	Last
Street Address			Telephone Number	
City	State	Zip Code		

**COMPANY INFORMATION**

Company Employed By		
Street Address		
City	State	Zip Code
Company Telephone Number		

**VEHICLE INFORMATION**

Year	Make	Weight	Vehicle Identification Number
State of Title	Title Number	License Plate Number (if applicable)	Expiration Date

**PERMIT EXPIRATION (CHECK ONE)  
NON-REFUNDABLE**

30 days - \$20.00                     
  60 days - \$40.00                     
  90 days - \$60.00

PERMIT MAY BE ISSUED FOR A MINIMUM OF 30 DAYS/NOT TO EXCEED 90 DAYS

**INSURANCE INFORMATION**

Insurance Company Name	Telephone Number	Policy/Binder Number
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**SIGNATURE**

I certify the above information is true and correct. The above listed vehicle meets all requirements under Transportation Article 13-935 (D).

Signature of Applicant	Date
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**This registration, along with a copy of the inspection, must be in the possession of vehicle operator at all times. Any alteration voids this authorization.**

White - Vehicle Copy                      Yellow - MVA Copy