



105 E. Center Street  
Sikeston, MO 63801  
573-471-2512  
www.Sikeston.org

**UTILITY VEHICLE APPLICATION  
REGISTRATION YEAR\_\_\_\_\_**

NAME\_\_\_\_\_

**RESIDENTIAL ADDRESS:**\_\_\_\_\_, Sikeston, Missouri 63801

**MAILING ADDRESS** (if different from above)\_\_\_\_\_

Vehicle Make\_\_\_\_\_, Vehicle Model\_\_\_\_\_

Vehicle Color\_\_\_\_\_, Vehicle VIN#\_\_\_\_\_

**REGISTRATION REQUIREMENTS**

Certificate of Insurance\_\_\_\_\_(Attached)

I,\_\_\_\_\_ hereby certify the following are fully functional and operational:

Brakes\_\_\_\_\_ Parking Brake (If equipped)\_\_\_\_\_ Steering Column\_\_\_\_\_

Vehicle has not less than four (4) wheels\_\_\_\_\_ Headlamps\_\_\_\_\_ Tail Lamps\_\_\_\_\_

Stop Lamps\_\_\_\_\_ Reflex reflectors: One red on each side\_\_\_\_\_,One red on the rear\_\_\_\_\_

Turn Signals\_\_\_\_\_ Mirrors: Exterior Drivers Side\_\_\_\_\_,Exterior Passenger Side\_\_\_\_\_

Interior\_\_\_\_\_(In lieu of Exterior Passenger Side)

**I UNDERSTAND UTV'S MAY NOT BE DRIVEN ON State or federal highways, including but not limited to Main St., Malone Ave., and West Salcedo Rd., and UTV's may only cross State highways where the speed limit is 45 mph or less. Further, I certify all information on this application is true, accurate and complete and any false or inaccurate information contained on this application may result in revocation of the license in addition to any other penalties provided by law.**

\_\_\_\_\_  
Signature of Applicant

Sticker Issued\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Issuer\_\_\_\_\_