



OFF ROAD VEHICLE REGISTRATION FORM



COMPLETE INFORMATION AND HAVE LICENSE AND REGISTRATION READY FOR VERIFICATION
UPON ARRIVAL AT THE RACE POINT OVERSAND STATION.

REGISTERED OWNER INFORMATION

NAME/PERMITTEE: _____, _____ M
LAST FIRST

MAILING ADDRESS: _____

TELEPHONE: () _____ CELL / OTHER: () _____
(HOME) (OPTIONAL)

DRIVERS LICENSE INFORMATION

_____ / _____ / _____
Driver's License # State Date of Birth (Mo/Day/Yr) Expires (Mo/Day/Yr)

VEHICLE INFORMATION

VIN # _____
VEHICLE IDENTIFICATION NUMBER

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

_____ / _____ / _____
LICENSE PLATE # STATE Expires (Mo/Day/Yr)

ACCESSORY EQUIPMENT:

GAUGE: _____ BOARD: _____ TOWLINE: _____ SHOVEL: _____ JACK: _____ *FIRE EXT: _____

*HOLDING TANKS _____ TIRE SIZE: _____ FULL-SIZE SPARE: _____

If DUAL-WHEELED: *REAR TIRE SIZE: _____ *FULL-SIZE SPARE: _____

* Additional Equipment Requirements for Self Contained Vehicles (SCV)

CREDIT CARD: VISA CARD: _____, MASTER CARD: _____, DISCOVER CARD: _____

7 Day ORV Permit \$50.00 = _____, 7 Day SCV Permit \$75.00 = _____, TOTAL = _____

For Week(s) _____

CARD NUMBER: _____ **EXPIRATION DATE:** _____

SIGNATURE _____ DATE: _____