

**City of Burlingame
Special Vehicle Permit**

Name of Applicant _____ Tag # _____

Applicants Address _____

Street Address _____
City _____ State _____ Zip _____

ATV Information

Make _____ Model _____ Year _____

Serial Number _____ Color _____

Insurance Company _____

Policy # _____ Insurance Policy Period _____

By signing this application, I verify that the above information is correct and that I have received a copy of the Special Vehicle Ordinance and I will comply with all laws and regulations set forth in Ordinance 2166. I also understand that my Special Vehicle Permit can be revoked at any time by the City of Burlingame for violating this ordinance.

Signature of Applicant **Date**