



SOUTHERN ARMSTRONG REGIONAL POLICE DEPARTMENT

589 State Route 66 Leechburg PA 15656

Gilpin Twp. ATV/UTV Permit Application



Name of Registered Owner(s) _____

Name of Operator(s)	Driver's License Number(s)
_____	_____
_____	_____
_____	_____

****Please list any additional operators on back of application****

Phone _____

Address _____

City _____ State _____ Zip _____

ATV/UTV Year _____ Make _____ Model _____

Insurance Carrier _____ Policy No. _____

DCNR Registration No. _____

Applicant Signature **Date**

*******Office Use*******

Resident: \$75.00 Non-Resident: \$100.00 Senior (65 and Over): \$50.00

Total Due: _____ Permit Number: _____ Issue Date: _____

Approving Officer Signature _____ **Date** _____

*All applications must be returned to the Southern Armstrong Regional Police Department for approval prior to operating. Failure to comply with all applicable laws and ordinances will result in the suspension or revocation of your permit.

** A permit application must be completed and submitted for EACH ATV/UTV obtaining a permit.