APPLICATION TO LICENSE
ANIMAL DRAWN CONVEYANCE

Applicants Name _____ Date of Birth _____

Mailing Address _____ Social Security #_____

Legal Address_____ Phone # _____

Address from which conveyance will operate _____

Insurance Company_____ Address _____
(See Chapter 137-4)

Amount of Coverage_____ Insurance Policy No. _____

Route of Travel (attach map)

_____

_____

Inspection of Wagon: Type _____ No. of Passengers _____

Signature of Inspector _____ Date _____

Additional Drivers:

Name _____ Address _____ D.O.B. _____

Name _____ Address _____ D.O.B. _____

Name _____ Address _____ D.O.B. _____

Certificate of Insurance _____

Veterinarian Inspection _____

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I understand that should investigation disclose misrepresentations or falsifications, my application will be rejected.

_____
Applicant's Signature

_____
Date of Application