



Golf Cart Application & Inspection

*****NON-TRANSFERABLE*****

PERMIT #: _____

Location of Inspection: _____

Full Name: _____

Address: _____

City: MELISSA ST: TX Phone Number: _____

Driver License: _____ ST: TX Exp Date: _____

Golf Cart

Make: _____ Model: _____ Color: _____

VIN/Serial Number _____ Year: _____

Storage Location: _____ Electric or Gas: _____

Insurance

Company: _____ Policy Number: _____

Company Phone: _____ Exp Date: _____

Inspection Requirements

Head Lamps

Tail Lamps

Reflectors

Copy of Insurance

Rearview Mirrors

Parking Brake

Slow Moving Vehicle Emblem

Copy of Driver License

Working Exhaust System (Gas Operated Only)

To Be Completed by Inspecting Officer

Acknowledgement

I _____ do hereby state that I have received a copy of the City of Melissa ordinance Article 10.1100 Operation of Golf Carts on Public Streets

Signature of Owner: _____ Date: _____

Certificate of Inspection

Pass: _____ Fail: _____

Signature of Officer: _____ Date: _____

To Be Completed by Inspecting Officer