

Social Circle Police Department

138 East Hightower Trail, Social Circle Ga. 30025

Application for Low Speed Vehicle Permit (Golf Cart)

Name: _____

(Last) (First) (Middle)

Home Address: _____

(Number and Street) (City) (State) (Zip)

Home Phone Number: _____ Cell Phone: _____

Date of Birth: _____ Drivers' License Number: _____

Make and Model of Low Speed Vehicle: _____

Model / Year: _____ Color: _____ Gas or Electric: _____

Upon the inspection of this low speed vehicle, approval of this application, and issuance permit decals, it is understood that the permit decals **must** be affixed to each side as directed and fully visible at all times. It is also understood that this permit is good for five years from date of approval, assuming operator and vehicle remain in compliance with current applicable codes.

Applicant's Signature: _____ Date: _____

Officer Use Only

Date of Inspection: _____ Permit Number: _____ Expires: _____

Officers Name (Printed): _____ Signature: _____

Seatbelts for every seat: ____ Yes ____ No

Validation Decals affixed to both side and visible: ____ Yes ____ No

(Reflective) Red Orange Emblem mounted on the rear of vehicle: ____ Yes ____ No

Amber Strobe Light visible for 500 feet from front and rear: ____ Yes ____ No