



SCHEDULE 'B'

CERTIFICATE OF REGISTRATION APPLICATION FOR ALL TERRAIN VEHICLES

Name of Applicant: _____

Civic Address: _____

Mailing Address: _____

(if different than Civic)

Telephone: _____ Cell: _____

Email: _____

Description of ATV: _____

Office Use Only:

Proof of Insurance Reg# _____

Attach a copy of the proof of liability insurance to this application