

TO ORDER:
(ENCLOSE THIS FORM WITH YOUR ORDER)

Single Use:

- I need _____ (Quantity) of the Single-Vehicle OHV Dirt Street Riding permit(s) @ \$8.00 each
- I need _____ (Quantity) of the R.V./Travel Trailer "Fresh Water & Waste water dumping station" permits @ \$20.00 each

Or:

Family Pack:

- I need _____ (Quantity) family packs, which includes four OHV Riding Permits and one R.V. / Travel Trailer permit for a single vehicle's "Fresh Water fill & Waste Water dumping privileges). @ \$40.00 each.

Or:

Family's with R.V./Trailer and more than 4 OHV's:

- I need _____ (Quantity) family packs, which includes four OHV Riding Permits and one R.V. / Travel Trailer permit for a single vehicle's "Fresh Water fill & Waste Water dumping privileges). @ \$40.00 each.

Plus I need additional permits because I have more than 4 OHV's:

- I need _____ (Quantity) of the Single-Vehicle OHV Dirt Street Riding permit(s) @ \$8.00 each

Note: If you need more than four "Riding Permits" and are purchasing the "Family Pack" then each additional OHV is \$8.00 each.
Street Legal vehicles are exempt from the "Riding Permit" fee.

TOTAL:

_____ Single Use OHV Riding Permits @ \$8.00 Each = (a) \$ _____

_____ Single Unit R.V./Trailer Water/Sewer Permit @ \$20.00 each = (b) \$ _____

_____ Family Pack of (4) Riding Permits & R.V./Trailer Perm. @ \$40/ea(c) \$ _____

Postage & Processing (d) \$1.00

Total(a,b,c,d):\$ _____

Enclose a money order or check payable to: California City. Under "MEMO" write "OHV Fund"

- Allow 10 – 15 business days to process and mail your permits.

OHV Riding Permit Registration

(Non-Street Legal Quads/Off-Road Motorcycles/RUV's and buggies)

(Complete this form and take to Cal City BORAX BILL PARK or mail this form back with application & fees)

California City OHV Permit – 21130 Hacienda Blvd California City, CA. 93505

(USE THIS FORM FOR UP TO 6 OHV's. USE ADDITIONAL FORM FOR MORE THAN 6 VEHICLES)

(VEHICLE #1)

California City Off-Highway Vehicle Operating Permit Application

(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(VEHICLE #2)

California City Off-Highway Vehicle Operating Permit Application

(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(VEHICLE 3)

California City Off-Highway Vehicle Operating Permit Application

(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(VEHICLE #4)

California City Off-Highway Vehicle Operating Permit Application
(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(VEHICLE #5)

California City Off-Highway Vehicle Operating Permit Application
(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(VEHICLE 6)

California City Off-Highway Vehicle Operating Permit Application
(For Off-Road Vehicles Only – Fill out one PART per vehicle)

Vehicle Year: _____ Make: _____ Model: _____

Type: Motorcycle 3-Wheel ATV 4-Wheel Quad RUV
 Buggy/Rail Other:

Owner: (Last) _____ (First) _____

Address: _____ City: _____ ZIP: _____

County: _____ State: _____ *Telephone # (____) _____ - _____

The Telephone number listed would be used in case of emergency and the rider is incapable of providing an emergency contact number.

(Do not write below this line)

For Office Use Only PERMIT #'s _____ - _____

Date Permit Issued: ____ / ____ /200__ By: _____ Collected: \$_____

MAIL FORM TO:

**CAL CITY OHV PERMITS
21130 Hacienda Blvd
California City, CA. 93505**

**Enclose a money order or check payable to:
“*City of California City*”.**

Under “MEMO” write “*OHV Fund*”