

**CITY OF MORRIS  
SPECIALIZED VEHICLE  
PERMIT APPLICATION FORM**

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

**SPECIALIZED VEHICLE INFORMATION:** (If more than one vehicle, please attach  
required information for each vehicle.)

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**INSURANCE INFORMATION:**

INSURANCE CARRIER NAME \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my  
knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

.....  
PERMIT FEE \$25.00 PER PERSON (Nonrefundable) DATE PAID \_\_\_\_\_

SLOW MOVING VEHICLE SIGN INSTALLED \_\_\_\_\_

REAR VIEW MIRROR INSTALLED \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

**ALL PERMITS WILL EXPIRE ON DECEMBER 31 OF THE THIRD YEAR IN WHICH THEY WERE  
ISSUED.**