



PERSONAL TRANSPORTATION VEHICLE (PTV)
RESIDENTIAL REGISTRATION

OWNER INFORMATION

Name _____

Phone # _____

License # _____ State _____

Policy # _____

Insurance Company _____

E-mail _____

Physical Address of Owner & Cart:

Street Address _____

City _____

State _____ Zip Code _____

Mailing Address (if different):

Street Address _____

City _____

State _____ Zip Code _____

PTV INFORMATION

VIN/SERIAL # _____

(include all letters & numbers) Current

Decal # _____ (if applicable)

PTV Year _____ Color _____

Make _____

Type GAS ELECTRIC

CITY OF ACWORTH

4415 Senator Russell Avenue
Acworth GA 30101
Phone: 770-974-3112
www.cityofacworth.org

Only persons 16 years of age or older and holding a valid driver's license may operate a PTV per O.C.G.A. §40-6-331 (A)

***Note: O.C.G.A. §40-1-1 (43.1) mandates that PTVs weigh 1,375 pounds or less and cannot exceed 20 mph or motor vehicles weighing 1,300 pounds or less which cannot exceed 20 mph that were authorized to operate on local roads prior to January 1, 2012. If your vehicle does not comply, it cannot be legally registered or used in accordance with the City of Acworth Code of Ordinances, Sections 22.7.2 and 22.7.6.**

AFFIDAVIT:

I have received the City's "Personal Transportation Vehicle (PTV) Information" brochure. I understand and will abide by City of **Acworth** Ordinances and State laws pertaining to Personal Transportations Vehicles (PTV) as described in the brochure. I acknowledge that city ordinance requires me to have liability insurance for my PTV. I understand and acknowledge that, as the registered PTV owner, I have legal responsibility for any actions committed during the operation and use of the PTV, including those of any agents I allow or authorize to use my PTV, and understand that I can be charged for any violation of Article 22.7 of the **Acworth** Code of Ordinances. I certify that the information supplied by me contained herein is correct to the best of my knowledge. I understand the PTV registration fee is \$15 and good for 5 years, then must be renewed. Checks may be made out to: City of **Acworth**.

Owner Name _____

Owner Signature (required) _____ Date _____

NOTE: Immediately report stolen carts to the City of Acworth Police Department. Submit a release of liability form within 10 days of changes in ownership (sale, transfer, relocation of owner, or destruction of PTV).

For Office Use Only:

Amount Paid: _____ Date: _____

Receipt #: _____

License Verified? YES / NO

Insurance Verified? YES / NO Decal

Inspection Completed? YES / NO

Issued? YES / NO DECAL # _____

Authorization: _____

Per § 40-6-330.1. PTV's are required to have the following equipment to be driven on approved PTV operation areas within the city

1. A braking system sufficient for the weight and passenger capacity of the vehicle, including a parking brake;
2. A reverse warning device functional at all times when the directional control is in the reverse position;
3. A main power switch. When the switch is in the "off" position, or the key or other device that activates the switch is removed, the motive power circuit shall be inoperative. If the switch uses a key, it shall be removable only in the "off" position;
4. Head lamps
5. Reflex reflectors
6. Tail lamps
7. A horn
8. A rearview mirror
9. Safety warning labels
10. Hip restraints and handholds or a combination thereof.

Safety Compliance Check:

To be completed by a sworn officer of the Acworth Police Department:

1. A state approved braking system Yes or No
2. A reverse warning system Yes or No
3. A state approved power switching system Yes or No
4. Head lights Yes or No
5. Reflex reflectors Yes or No
6. Tail Lamps Yes or No
7. A horn Yes or No
8. A rearview mirror Yes or No
9. Manufacturing Safety warning labels Yes or No
10. Hip restraints and hand holds or a combination thereof Yes or No

I hereby certify that the Personal Transport Vehicle bearing serial/VIN # _____ complies with all applicable state and local safety laws.

Owner Name: _____

Owner Signature: _____ Date: _____

Officer Name: _____

Officer Signature: _____ Date: _____