



City of Abilene

Application for Special Purpose Vehicles

Owner: _____ Date: _____

Business (if applicable): _____ Phone: _____

Address: _____

Vehicle: Micro Utility Truck Work-Site Utility Vehicle

Year: _____ Make: _____ Model: _____

VIN: _____ Color #: _____

Insurance Company: _____ Policy #: _____

Please read and initial the following statements noting that you agree and understand them:

_____ I have been provided a copy of City of Abilene Ordinance No. 3146 and agree to comply with the ordinance as written.

_____ I understand that registration with the City of Abilene is \$50 and only allows special purpose vehicle use within the city limits of Abilene.

_____ I understand that special purpose vehicles cannot be driven on Buckeye (K-15) because it is a state highway and it would violate state law. Crossing only is permitted.

_____ I understand that I must maintain insurance on this vehicle as long as I plan to drive it on roadways in the City of Abilene, and have proof of insurance located therein.

_____ I understand that any operator must have a valid license that is unrestricted by age.

_____ I understand that this registration is not transferrable to a different owner.

_____ I understand I must provide proof of ownership and proof of taxes paid before permit will be issued.

Applicant Signature: _____ Date: _____

Inspection (MUTs Only): Seat Belts Rear-view mirror
 Head Lights Tail Lights
 Brake Lights Turn Signals

MUT Requirements:

Summary:

- Must be at least 48" (4') wide
- Must be 160" (13'4") or shorter, including bumper
- Must weigh over 1,500 lbs
- Must be able to exceed 40 mph, as originally manufactured
- Must have been manufactured with a metal cab

WUV Requirements:

Summary:

- Must be at least 48" (4') wide
- Must weigh over 800 lbs.
- Must have 4 or more non-highway tires
- Steering wheel
- Bench or bucket seats, allowing two people to sit side-by-side

Officer: _____

Decal issued: # _____