

Non-Motorized Application Form

Date: _____

Name: _____

Home #: _____

Address: _____

Cell #: _____

Lot #: _____

Home Owners Insurance attached: _____

Picture attached: _____ (if applicable)

Type: _____

Make: _____

Color: _____

Length: _____

Hull #: (if applicable) _____

Signature: _____

Safety Test Date/Video: _____ (Office Staff)