



**Port Mansfield Police Department / Willacy County Navigation District
Application for motorized cart permit.**



Date issued: _____ Date Expires: _____

Name of Applicant: _____

Address Where Cart is housed (Number and Street): _____

Contact Phone Numbers (Home, Work, Cell): _____

Driver's License #: _____

(Attach a Copy of Driver's License to the Application)

Insurance: _____

(Attach a copy of the insurance policy to the application)

Make/Manufacturer: _____ Model: _____

Vin/Serial Number: _____ Number of seats: _____ Color: _____

I, the undersigned applicant for a golf / motorized cart license, swear or affirm that I have received a copy Willacy County Navigation District Ordinance. I understand that the authority to operate a golf / motorized within the Willacy County Navigation District is revocable privilege granted only upon compliance with the terms of the Ordinance to legally operate a cart within the Port Mansfield boundaries of the Willacy County Navigation District, during the year when granted. I understand my failure to operate a cart in accordance with the ordinance may result in criminal and / or civil liability including fine, vehicle impoundment, and / or revocation of my license / privilege to operate a golf / motorized cart with the Willacy County Navigation District.

I understand that as the owner and / or operator of a cart that is operated withing the Willacy County Navigation District that I have certain duties and obligations that are enumerated within the District Ordinances; specifically, that said cart(s) is (are) outfitted with the following safety:

- Headlamp & Tail lamps (While operating at Night)
- Reflectors Parking Brakes
- Rear view mirror
- Slow Moving Vehicle Sign (**Orange Triangle**)

I further understand that operation is only authorized after a safety inspection by the Port Mansfield Police Department and subsequently permitted by the district and display a current (annual) sticker permit.

I further swear or affirm that said cart(s) are insured or bonded in accordance with Texas State Laws governing minimum insurance / financial responsibility laws for motor vehicles.

In this application, I do swear or affirm that all the facts and statements contained herein are true and correct, and I understand that the Permit Fee: **\$35.00**.

Payment Method:

Check Number: _____ Money Order: _____ (Cash Exact Change Only \$35.00)

(If Cash give copy of application with DL as receipt)

Print Name

Signature of Applicant

Safety Inspection completed by:
