



CITY of CLEARWATER SPECIAL PURPOSE VEHICLE INSPECTION FORM

**Please bring this form, the SPV and proof of insurance to the
Clearwater Police Department.**

Inspection Fee is \$25

NAME/COMPANY/ORGANIZATION: _____

ADDRESS _____ PHONE _____

MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____ SERIAL /VIN #: _____

****If you have a Golf Cart, you MUST have a Slow Moving Vehicle
Emblem attached to the cart at the time of inspection. ****

DECAL #: _____ DATE ISSUED: _____ DATE EXPIRES: _____

INSPECTED BY: _____ # _____

Remarks: _____