

CONTRACTOR VEHICLE REGISTRATION 2025 APPLICATION FORM

Business Name): 				
Applicant Name): 				
Mailing Address	S:				
City: Sta			te:	Zip Code:	
Phone:		Cel	I Phone:		
	Provider/Nature				
Vehicle Informa	tion:				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Make					
Model					
Year					
Color					
Tag CVR #					
Vehicle Insuran	ce Carrier:				
State Registere	d:	VIN#:			
		AGREE	MENT:		
employed to perf	form work at a pr	operty or properti	es within Kelly Pl	lantation, and her	been engaged or eby affirm I have hicle Registration
					vision of the policy
	v solicitation or par cluding but not lim property.				
Printed Name			Com	pany Name	
			_ •	, ,	
Signature			Date		

NOTE: KELLY PLANTATION HAS THE RIGHT TO REFUSE ENTRY TO CONTRACTORS WHO FAIL TO REGISTER. TEMPORARY PASSES ARE NOT BEING ISSUED.