



**Town of Emerald Isle  
Golf Cart Registration and  
Safety Inspection Form**

*Please print or type*

<b>Plate Number Assigned</b>  
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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Serial Number:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Make / Model:** \_\_\_\_\_ **Colors (list all):** \_\_\_\_\_  
**Emerald Isle Golf Cart Address:** \_\_\_\_\_

*To pass inspection, a golf cart must be equipped with ALL of the following equipment which must be in working order. If one or more items fail, the golf cart shall not be operated, registered or issued a registration plate/renewal sticker until the failed item(s) have been repaired by a qualified technician and the golf cart receives a mark of "Pass" on ALL items listed.*

<u>PASS</u>	<u>FAIL</u>	<u>INSPECTION ITEM</u>
<input type="checkbox"/>	<input type="checkbox"/>	Two operating front headlights visible from a distance of at least 250 feet
<input type="checkbox"/>	<input type="checkbox"/>	Two operating tail lights visible from a distance of at least 250 feet
<input type="checkbox"/>	<input type="checkbox"/>	Two operating brake lights visible from a distance of at least 250 feet
<input type="checkbox"/>	<input type="checkbox"/>	Four operating turn signals visible from a distance of at least 250 feet
<input type="checkbox"/>	<input type="checkbox"/>	Rear vision mirror
<input type="checkbox"/>	<input type="checkbox"/>	Reflectors (at least one on driver's side and one on passenger's side)
<input type="checkbox"/>	<input type="checkbox"/>	Parking brake
<input type="checkbox"/>	<input type="checkbox"/>	Seat belts installed for all seating positions - # of seat belts: _____ # of seats: _____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield
<input type="checkbox"/>	<input type="checkbox"/>	Does not exceed three rows of seats
<input type="checkbox"/>	<input type="checkbox"/>	Rules and Regulations Notice ( <i>sticker must be affixed to the windshield in plain view</i> )

I certify that I have conducted an inspection of the above-referenced golf cart and that the conditions of the Inspection Items are accurately reported.

\_\_\_\_\_  
 Print Name of Inspecting Officer                      Inspecting Officer Signature                      Inspection Date

\_\_\_\_\_  
 Print Name of Re-Inspecting Officer                      Re-Inspecting Officer Signature                      Inspection Date

CSR staff - initials { Insurance current \_\_\_\_\_  
 Insurance attached \_\_\_\_\_  
 Payment logged \_\_\_\_\_  
 RMS updated \_\_\_\_\_