

All-Terrain Vehicle Permit to Deviate from Designated Route

Please ensure that all sections are filled out completely, as incomplete applications cannot be processed. Thank you for your cooperation.

DRIVER INFORMATION (maximum of 4 drivers) PLEASE PRINT			
Primary Driver Name	Primary Driver Licence	Expiry Date	
2 nd Driver Name	2 nd Driver Licence	Expiry Date	
3 rd Driver Name	3 rd Driver Licence	Expiry Date	
4 th Driver Name	4 th Driver Licence	Expiry Date	
Street Address of Primary Driver			
Telephone Number for Primary Driver		Email Address for Primary Driver	
ATV INFORMATION			
Plate No.	Year	Make	Model
Insurance Company		Policy Number	
PROPOSED ROUTE TO ACCESS DESIGNATED ROUTE (this route will be assessed and may be subject to changes)			
CONSENT FOR MESSAGING			
Do you consent to the City of Corner Brook sending you email, text and or telephone messages regarding the ATV Program or other urgent messages of happenings in the City?			
Types of Messages (check all you wish to receive)		Message Methods (check how you want to be notified)	
	New ATV Routes or Restrictions		Telephone Notification
	New Regulations or Bylaws		Text Notification
	Road Closures or delays		Email Notification
	Water Outages or Water Problems		All Notification Methods
	Urgent Safety Messages		
	Community Events		
SIGNATURE			
Signature	Print Name	Date	