



# Bustins Island Village Corporation

Established 1913

## BOARD OF OVERSEERS

Version 2.0  
Related Policy: Personal Transportation Policy

Approved: October 14, 2023

### Annual Registration Request Form for Individual Power Driven Mobility Vehicle

Name of individual user: \_\_\_\_\_

Address (off-island): \_\_\_\_\_

Cottage #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Equipment Description (include type and model, maximum speed) \_\_\_\_\_

Individual Power Driven Mobility Vehicles are for use by Islanders with a disability. The Board of Overseers requests credible assurance of a disability from the intended user, such as with a copy of a state issued disability parking placard. In order to respect your privacy, please do not provide any personal medical information beyond this request.

I have read and agree to abide by the Personal Transportation Policy as approved by the Board of Overseers including removal of the equipment by the date above noted. I agree to provide credible assurance of my disability along with this annual registration form.

Signed (applicant) \_\_\_\_\_ Date \_\_\_\_\_

### BOARD OF OVERSEERS CONFIRMATION OF ANNUAL REGISTRATION

Date received: \_\_\_\_\_ Date for next renewal: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Board of Overseers