South Carolina Department of Motor Vehicles

GOLF CART PERMIT REGISTRATION

GC-2
(Rev. 6/03)

I certify that this golf cart is owned by:

Name _____

Street _____

City _____ State _____ Zip Code _____

Driver's License No. _____

Other Owner _____ DL No. _____

OPERATING RESTRICTIONS:

- To be operated in daylight hours only
- Must have a valid driver's license for each owner
- Must be driven on a secondary highway or street within 2 miles of residence
- Must be operated by owner(s) only
- Person selling this vehicle must immediately notify the Department of Motor Vehicles in writing,giving the name and address of the new owner together with the date of sale.
- This registration must be carried when golf cart is operated.

_____
Owner's Signature Date

Driver's License Verified _____
Specialist's Signature

DO NOT WRITE IN THIS SPACE

Audit No. _____

Office/Specialist Code _____

Date of Issue _____

INSURANCE CERTIFICATION

Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period.

_____
Name of Insurance Company

_____
Signature of Owner Date