



SMALL VEHICLE PERMIT

CALIFORNIA ANTIQUE FARM EQUIPMENT SHOW

Required for vehicles driven on the grounds. Includes: golf carts, quads, ATVs, etc.
All Personal Transportation Vehicles (PTV) must be registered (\$10 fee) and proof of insurance must be provided for each vehicle listed on application form.

Exceptions

- Electric powered vehicles use by a handicapped person.
- Parade entries
- Exhibits - Tractors, trucks, lawn/garden equip. displayed in the exhibit area

Guidelines

- Anyone operating a PTV on the International Agri-Center grounds must return this form with the exhibitor agreement or return it to the Show Office prior to operating vehicle on the grounds.
- If your PTV is not displayed in exhibit area, you must have a permit!
 - If you are driving it (outside of the parade) you must have a permit.
- The speed limit of 5 MPH must be observed while driving any vehicle on the show grounds.
- Operators must hold a valid Driver's License.
- Vehicles may only carry passengers as indicated by the manufacturer.
- A copy of declarations page (auto, home or ranch policy) naming each PTV and listing the limits of the insurance carrier must be provided. Check with your insurance carrier prior to CAFES.
- Not abiding by these guidelines may result in permit being revoked and removal from the grounds.

-----CUT HERE AND KEEP TOP PORTION FOR YOUR RECORDS-----

SMALL VEHICLE PERMIT APPLICATION

Fee: \$10, payable to California Antique Farm Equipment Show. One form required per vehicle.

Primary Driver: _____ Driver's License Number: _____

Additional Driver: _____ Driver's License Number: _____

Name of Insurance Company: _____ Policy Number: _____

Type of Vehicle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

I will register my PTV and operate it within the guidelines set forth. I agree to indemnify, defend and hold the IAC, CAFES and their agents, employees and representatives free and harmless from liability related to my use of the PTV that is subject of this agreement.

Signature: _____ Date: _____

RETURN WITH CERTIFICATION OF INSURANCE AND PAYMENT