

Licensee (print last name first)			Manufacturer's Serial No.	License No.
Phone	Date Stolen	Date Recovered	Stamped by Registrar on Bicycle	Date Issued
Birth Date _____ (log details on reverse side)			Date Expires	
Street _____			BICYCLE REGISTRATION	
City _____			Date Expires	
Ownership Transfer or Change of Address (date)			School or Employer	
Make/Model _____			Dealer or Previous Owner (name—location)	
<input type="checkbox"/> NEW <input type="checkbox"/> USED				

<p style="text-align: center;">FRAME</p> <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> HEAVYWEIGHT <input type="checkbox"/> MEDIUMWEIGHT <input type="checkbox"/> LIGHTWEIGHT <input type="checkbox"/> DOUBLE BAR <input type="checkbox"/> SINGLE BAR <input type="checkbox"/>	<p style="text-align: center;">BRAKES</p> <input type="checkbox"/> HAND <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> COASTER <p style="text-align: center;"><small>Make</small></p> <p style="text-align: center;">WHEELS</p> <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 28 <input type="checkbox"/>	<p style="text-align: center;">HUB</p> <input type="checkbox"/> COASTER <input type="checkbox"/> 3 SPEED <input type="checkbox"/> 5 SPEED <input type="checkbox"/> 10 SPEED <input type="checkbox"/> 15 SPEED <input type="checkbox"/>	<p style="text-align: center;">COLORS</p> <p>Frame _____</p> <p>Fenders _____</p> <input type="checkbox"/> Front <input type="checkbox"/> Rear
<p style="text-align: center;">SEAT</p> <p><small>Make</small> _____</p>			<p style="text-align: center;">ACCESSORIES</p> <input type="checkbox"/> LOCKING DEVICE <input type="checkbox"/> LEGAL REFLECTORS