

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			<b>BICYCLE REGISTRATION</b>		
City					
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					
<b>FRAME</b>		<b>BRAKES</b>		<b>HUB</b>	
<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"/>		<input type="checkbox"/> HAND <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> COASTER Make		<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"/>	
		<b>WHEELS</b>		<b>SEAT</b>	
		<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"/>		Make	
				<b>COLORS</b>	
				Frame _____	
				Fenders _____	
				<input type="checkbox"/> Front <input type="checkbox"/> Rear	
				Rims _____	
				Trim _____	
				<b>ACCESSORIES</b>	
				<input type="checkbox"/> LOCKING DEVICE	
				<input type="checkbox"/> LEGAL REFLECTORS	