

Licensee (print last name first)		Manufacturer's Serial No.		License No.	
Phone	Date Stolen	Date Recovered		Date Issued	
Birth Date	<b>BICYCLE REGISTRATION</b>			Date Expires	
Street				Fee Paid	
City				Issued By	
Ownership Transfer of Change of Address (date)				School or Employer	
Make of Bicycle			Dealer or Previous Owner (name-location)		
<input type="checkbox"/> NEW <input type="checkbox"/> USED					
<b>FRAME</b>	<b>BRAKES</b>	<b>HUB</b>	<b>COLORS</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"/>	FRAME _____ FENDERS _____ <input type="checkbox"/> FRONT <input type="checkbox"/> REAR RIMS _____ TRIM _____		
	<b>WHEELS</b>	<b>SEAT</b>	<b>ACCESSORIES-REMARKS</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	<input type="checkbox"/> LOCKING DEVICE		