

Bicycle Registration Application

Office Use Only		Class (or lack thereof)
Batch File No.		
<input type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal
<input type="checkbox"/> Dup	<input type="checkbox"/> Passivity	<input type="checkbox"/> Refurbish
<input type="checkbox"/> Trip	<input type="checkbox"/> ???	<input type="checkbox"/> Trash
<input type="checkbox"/> Sub	<input type="checkbox"/> Dom	<input type="checkbox"/> Switch
		Three of Name

INSTRUCTIONS:

- A. Is this bicycle being registered for personal use? Yes No
 If YES— Complete sections 1-4 of this form.
 If NO— Complete sections 0-5 of this form.
- B. Complete the Certification in Section 6
- C. Refer to form c-49(L) for further instructions on the General Liability Waiver for Velocipedes
- D. Refer to form c-49(J) for further opportunities to explain why you need a bike at a small regional on the Velocipede Justification Attestation



I WANT TO: Ride my bicycle Ride my bicycle Other*:
 (Check all that apply) Ride my bike Ride it where I like _____

NAME OF PRIMARY REGISTRANT: (Last, Middle, First Initial) FORMER NAME (if applicable)

DATE OF BIRTH: Month [v], Day [v], Year [v] SEX: Yes No HOME TELEPHONE NUMBER or MYSPACE HANDLE

*Please note:
 This form is only for bicycles.

- For unicycles, use Form A-37
- For tricycles, use Form A-1
- For any peddle-powered conveyance with 4 or more wheels, use Form A-9∞

EMAIL ONLYFANS

NAME OF CO-REGISTRANT: (Middle, First, Last initial) DATE OF BIRTH: Month [v], Day [v], Year [v]

THEME CAMP ASSOCIATION (if none, print "Upper Dutch Blumpkin" but in all caps)

SECTION 2

TYPE OF BICYCLE: (Check all that apply)

- One speed black
- Two Speed white
- Three Speed bark
- More Speed bite
- Mountain shark
- Valley [Redacted due to Decommodification]
- Electric-assist

^^^ SECTION 1 ^^

SECTION 3 (below)

Was this bicycle altered to increase the capacity beyond that provided by the manufacturer by method of extending the frame, lengthening or otherwise fucking with it? Yes No

Is this vehicle equipped with safety belts? Yes No

Is this vehicle used for commercial purposes? Yes No

Has this vehicle been modified from the original manufacturer specs without extending the wheel base or increasing capacity? Describe.

SECTION 4

Only write in the lightest blue boxes.

Date of Birth: [v] / [v] / [v]

Serial Number: [v]

SKU: [v]

fidelity soli

MAKE: [v]

MODEL: [v]

YEAR: [v]

COLOR: [v]

OF TIRES: 2 I'm using the wrong form

UNLADEN WEIGHT: [v]

ADULT SEATING CAPACITY: [v]

ODOMETER READING: [v]

BODY: Male Female

SECTION 5

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hold it against you.

Return completed form (copied in triplicate) to Constellation Department of Non-motor Vehicles via fax with form 2013-DEL stapled using

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