



CALIFORNIA BICYCLE LICENSE APPLICATION

LAST NAME*		FIRST NAME*		MIDDLE NAME*		DATE OF BIRTH					
IRVINE ADDRESS*						ZIP*	PHONE*				
BRAND OF BIKE	MODEL	SERIAL NUMBER		COLOR	TRIM COLOR	WHEEL SIZE (16-28)					
TIRES		BRAKE	TYPE OF SEAT	FENDERS	LIGHTING	SPEEDS (Circle One)					
<input type="checkbox"/> BALLOON (B) <input type="checkbox"/> OTHER (X)		<input type="checkbox"/> FOOT (F)	<input type="checkbox"/> STANDARD (S)	<input type="checkbox"/> YES (Y)	<input type="checkbox"/> YES (Y)	1	5	9	13	17	21
<input type="checkbox"/> HIGH PRESSURE (H)		<input type="checkbox"/> HAND (H)	<input type="checkbox"/> BANANA (B)	<input type="checkbox"/> NO (N)	<input type="checkbox"/> NO (N)	2	6	10	14	18	
<input type="checkbox"/> KNOBBY (N)		<input type="checkbox"/> COMBINATION (C)	<input type="checkbox"/> OTHER (O)			3	7	11	15	19	
						4	8	12	16	20	
FRAME CODE			HANDLE BAR CODE			OTHER SPECIAL FEATURES					
<input type="checkbox"/> BOYS (B)	<input type="checkbox"/> RACING (R)	<input type="checkbox"/> MODIFIED (C)	<input type="checkbox"/> BOYS (B)	<input type="checkbox"/> RACING (R)	<input type="checkbox"/> MODIFIED (C)						
<input type="checkbox"/> GIRLS (G)	<input type="checkbox"/> STINGRAY (Y)	<input type="checkbox"/> OTHER (X)	<input type="checkbox"/> GIRLS (G)	<input type="checkbox"/> STINGRAY (Y)	<input type="checkbox"/> OTHER (X)						
<input type="checkbox"/> STANDARD (S)	<input type="checkbox"/> MOTOCROSS (M)		<input type="checkbox"/> STANDARD (S)	<input type="checkbox"/> MOTOCROSS (M)							
LICENSE NUMBER ISSUED		If you sell the bicycle, notify the new owner to contact their local police department to relicense the bicycle. If you dispose of the bicycle by other means, notify the Irvine Police Department at (949) 724-7000 so your record can be updated.									



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