

GREEN BAY AREA BICYCLE LICENSE APPLICATION

Please **PRINT** carefully the following information for your bicycle license:

NAME:

First, Middle, Last	Date Of Birth	Gender/Race
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ADDRESS:

Street, City, State, Zip

CONTACT:

Phone Number(s)	Email
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BICYCLE:

Make & Model	Boys / Girls / Uni
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Primary Color	Accent Color(s)	# of Speeds
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Wheel Size	Value	Serial Number
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Additional Description

1. A form must be completed for each bicycle (one form per bicycle).
2. No license will be issued for a bicycle **WITHOUT** a serial number.
3. If your bike is lost or stolen, you have a better chance of having it returned to you if you license it.

License #: _____

Date Issued: _____

Issued By: _____