

CALIFORNIA STATE UNIVERSITY, FRESNO
POLICE DEPARTMENT
2311 E BARSTOW AVE, M/S PO14
FRESNO, CA 93740-8004
(559) 278-8400



BICYCLE LICENSE APPLICATION

DATE _____

OWNER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____ PHONE _____

PERMANENT ADDRESS (if different from above)

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____ PHONE _____

BICYCLE INFORMATION

MANUFACTURER _____ MODEL _____

SERIAL NUMBER _____ VALUE \$ _____

COLOR _____ SPEEDS _____ FRAME SIZE _____ WHEEL SIZE _____

STYLE (choose one) Men's Women's

IDENTIFYING MARKS _____

I certify that I am the legal owner of the bicycle registered and will provide such proof upon request. I understand that registering my bicycle through the California State University, Fresno Police Pavilion / Red Bike Program is NOT a guarantee of protection against theft, damage or loss.

My bicycle license and registration information will remain confidential and may only be used in the event to recover my bicycle if stolen or loss. The registration will remain in effect through the license expiration date and I agree to be responsible for notification of any information change to the California State University, Fresno Police Pavilion / Red Bike Program.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

CA BICYCLE LICENSE NUMBER _____ EXPIRATION DATE _____

ISSUED BY _____ ISSUED DATE _____