



FRESNO STATE POLICE DEPARTMENT

TRAFFIC OPERATIONS

2311 E Barstow Ave, M/S PO14 (559) 278-8400
 Fresno, CA 93740 (559) 278-7788 (fax)

BICYCLE REGISTRATION & THEFT PREVENTION

- All registrations must be completed in person.
- Registration Stickers will be issued and applied to the bicycle at the Police Department

OWNER CONTACT INFORMATION (PLEASE PRINT CLEARLY!)				
NAME		PERMANENT ADDRESS (NOT DORM)		DORM ROOM
CITY	STATE	ZIP	CELL PHONE	
HOME PHONE		EMAIL ADDRESS		
CAMPUS ID	IS THIS THE FIRST BICYCLE YOU HAVE REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

BICYCLE INFORMATION		
MANUFACTURER	MODEL	VALUE
STYLE (check one) <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> ROAD <input type="checkbox"/> BMX <input type="checkbox"/> BEACH CRUISER <input type="checkbox"/> OTHER		
SERIAL NUMBER		COLOR
SPEEDS	WHEEL SIZE	<input type="checkbox"/> MEN'S <input type="checkbox"/> 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 State Police Department / Traffic Operations 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 lost. 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 State Police Department / Traffic Operations.

SIGNATURE	DATE
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LOCK INFORMATION (OPTIONAL)

• This information will be kept on file to assist in the event of a lost key or bike lock removal services.

LOCK TYPE <input type="checkbox"/> ULOCK <input type="checkbox"/> CHAIN <input type="checkbox"/> CABLE <input type="checkbox"/> OTHER	NEEDS TO BE CUT <input type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER	MODEL

I CERTIFY THAT I AM THE REGISTERED OWNER AND I CONSENT TO THE CUTTING OF MY BICYCLE LOCK.	SIGNATURE	DATE
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BICYCLE LICENSE INFORMATION (OFFICE USE ONLY)

CA BICYCLE RENEWAL NUMBER	ISSUED BY	
SCRATCHER PERMIT NUMBERS ISSUED	EXPIRATION DATE	
ISSUE DATE	DATE ENTERED	DATE PURGED