

MIPD BICYCLE REGISTRATION FORM

*Previous License #: _____

(If applicable. – see below note regarding ownership transfers)

Owner's Last Name: _____

Bicycle Make: _____

(Brand)

Owner's First Name: _____

Bicycle Model: _____

Owner's Date of Birth: _____

Bicycle Serial #: _____

REQUIRED Etched or stamped into frame; ex) underside near crank

Permanent U.S. Address (or Island Housing, if applicable)

Type: **Mens** _____ **Womens** _____ **Other** _____
(Boys) (Girls) (Describe Trike, Tandem, etc)

(Check One)

City: _____ St: _____ Zip: _____

E-Bike: _____
YES NO

Number of Speeds: _____

Primary Phone #: _____

Tires: **Narrow** _____ **Medium** _____ **Wide** _____

Driver's
Lic #: _____ St: _____

Brakes: **Both Hand & Coaster** _____
Hand Only _____ **Coaster Only** _____

Alt Phone #: _____

Island Employer: (If applicable)

Fenders: **Both** _____ **Front** _____ **Rear** _____ **None** _____
Only Only Only

Basket: **Both** _____ **Front** _____ **Rear** _____ **None** _____
Only Only Only

Other Bike Information: (bottle / phone holders, rack, saddle bags, etc)

1st Color: _____

2nd Color: _____

NOTE: *Ownership of previously registered bicycles WILL NOT be transferred without authorization (written or verbal) by current owner of record.

(REV Aug 2020)

MIPD BICYCLE REGISTRATION FORM

*Previous License #: _____

(If applicable. – see below note regarding ownership transfers)

Owner's Last Name: _____

Bicycle Make: _____

(Brand)

Owner's First Name: _____

Bicycle Model: _____

Owner's Date of Birth: _____

Bicycle Serial #: _____

REQUIRED Etched or stamped into frame; ex) underside near crank

Permanent U.S. Address (or Island Housing, if applicable)

Type: **Mens** _____ **Womens** _____ **Other** _____
(Boys) (Girls) (Describe Trike, Tandem, etc)

(Check One)

City: _____ St: _____ Zip: _____

E-Bike: _____
YES NO

Number of Speeds: _____

Primary Phone #: _____

Tires: **Narrow** _____ **Medium** _____ **Wide** _____

Driver's
Lic #: _____ St: _____

Brakes: **Both Hand & Coaster** _____
Hand Only _____ **Coaster Only** _____

Alt Phone #: _____

Island Employer: (If applicable)

Fenders: **Both** _____ **Front** _____ **Rear** _____ **None** _____
Only Only Only

Basket: **Both** _____ **Front** _____ **Rear** _____ **None** _____
Only Only Only

Other Bike Information: (bottle / phone holders, rack, saddle bags, etc)

1st Color: _____

2nd Color: _____

NOTE: *Ownership of previously registered bicycles WILL NOT be transferred without authorization (written or verbal) by current owner of record.

(REV Aug 2020)