

Bicycle Registration Program Form

- **Fill out this form.**
- **Print out this form.**
- **Sign this form below. Deliver it in person with your bicycle to:**
CSUB Police Department 9001 Stockdale Highway, Bakersfield, Ca.
661-654-2677

1. Personal Information:

First Name:

Last Name:

Email Address:

CSUB Identification Number:

Driver's License Number:

Mailing Address:

Street or PO Box:

City, State, Zip Code:

Telephone:

Home Address: (If different from Mailing Address)

Street:

City, State, Zip Code:

Telephone:

2. Bicycle Information

Make:

Model:

Color:

Men's Woman's

Bicycle Serial Number:

Other Identifying Marks:

Date Purchased:

Value When Purchased:

Where Purchased:

I certify that the bicycle I am registering belongs to me and was obtained legally. I will provide such proof upon request. I understand that this program is not a guarantee that my bicycle will be protected from theft or loss. I understand that this program provides CSUB Police with information to contact me in the event my bicycle is stolen and recovered. This registration will remain in effect through the end of the next academic year, and I am responsible for providing updated contact information.

Signature: _____ CSUB Police Registration Number _____