

611 W. 22nd Street
385-6912

MERCED POLICE DEPARTMENT

Bicycle License Application



This form is to be completed by the bicycle owner and returned to the Merced Police Department for final processing.

Owner's name _____

DOB _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

Manufacturer (Make): _____

Name (Model): _____

Type (road, mountain, BMX, etc) _____

Style (boys, girls, tandem, etc) _____

of speeds (1 speed, 10 speed, etc) _____

Serial # _____ Color _____

Wheel Size _____ Frame Size _____

See below on how to measure frame size

OFFICE USE ONLY BELOW

LICENSE # _____ City Tag # _____ City Tag Year _____

