



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		<b style="color: red;">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	
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	
BICYCLE LICENSE INFORMATION (OFFICE USE ONLY)					
CA BICYCLE RENEWAL NUMBER			ISSUED BY		
SCRATCHER PERMIT NUMBERS ISSUED			EXPIRATION DATE		
ISSUE DATE		DATE ENTERED		DATE PURGED	