

BICYCLE LICENSE APPLICATION

DATE _____

OWNER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

California DL/ ID number: _____ CSUSM ID Number: _____

Primary Phone: _____ Alternative Phone: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Miles bike commute one-way _____

BICYCLE INFORMATION

MANUFACTURER _____ MODEL _____

SERIAL NUMBER _____ VALUE \$ _____

COLOR _____ SPEEDS _____ WHEEL SIZE _____

STYLE (choose one) Men's 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, San Marcos Police / Parking and Commuter Services 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 loss. I agree to be responsible for notification of any information change to the California State University, San Marcos Police / Parking and Commuter Services.

Would you like to be placed on a campus e-mail list serve that would allow you to receive information regarding bicycle updates and other alternative commuter transportation programs?

Yes No E-Mail: _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

CSUSM BICYCLE LICENSE NUMBER _____

ISSUED DATE _____

ISSUED BY _____

DATE ADDED INTO RIMS _____

ADDED BY _____

INFORMATION UPDATED (yearly basis) 1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year _____

Update form if any of the following occur: Address change Transfer of Ownership lost/stolen destroyed