



Cal Maritime Academy Police Department Bicycle Registration Form

200 Maritime Academy Drive
Vallejo, CA 94590
707-654-1179

Owner Information:

First Name	Last Name	M.I.
Address	Unit/Apt#	City
State	ZIP Code	Phone Number
Driver License	E-mail	
Student ID	Date of Birth <input type="text"/>	Campus Address

Bicycle Information:

Make	Model	Color(s)
Men's	Women's	Speeds
Serial Number	Value \$	Type

Comments

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 registering my bicycle through the university bicycle registration program is not a guarantee that my bicycle will be protected from theft or loss. Instead, the purpose of registering my bicycle is that the information I supply on the form may be used to contact me in the event the university recovers my bicycle after a theft or loss.

Signature: _____ Print Name _____ Date

Directions:

- Fill in, print out, and sign the form
- Deliver the form in person with your bicycle to Cal Maritime Academy Police Department

Official Use Only:

License Issued: _____ Date Issued: _____ Issuing Officer: _____