



Cal Poly 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 Campus Address

Bicycle Information:

Make Model Color(s)

Men's Women's Speeds Type

Serial Number Value \$

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 of loss.

Signature: _____ Print Name Date

Directions:

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

Official Use Only:

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