

Reorder Form No. LC134-5-585
 LUSTRE-CAL NAMEPLATE CORPORATION
 Post Office Box 439 • Lodi, California 95241

**TYPE OR PRINT LEGIBLY—PRESS DOWN HARD
 CHECK LAST COPY FOR PENETRATION**

Licensee (print last name first)		Manufacturer's Serial No.		License No.	
Phone	Date Stolen	Date Recovered	Stamped by Registrar on Bicycle	Date Issued	
Birth Date (log details on reverse side)				Date Expires	
Street			BICYCLE REGISTRATION		
City			Fee Paid		
Ownership Transfer or Change of Address (date)			School or Employer		
Make/Model			Dealer or Previous Owner (name—location)		
<input type="checkbox"/> NEW <input type="checkbox"/> USED					
FRAME <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> HEAVYWEIGHT <input type="checkbox"/> MEDIUMWEIGHT <input type="checkbox"/> LIGHTWEIGHT <input type="checkbox"/> DOUBLE BAR <input type="checkbox"/> SINGLE BAR <input type="checkbox"/>		BRAKES <input type="checkbox"/> HAND <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> COASTER Make WHEELS <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 28 <input type="checkbox"/>		HUB <input type="checkbox"/> COASTER <input type="checkbox"/> 3 SPEED <input type="checkbox"/> 5 SPEED <input type="checkbox"/> 10 SPEED <input type="checkbox"/> 15 SPEED <input type="checkbox"/>	
		SEAT Make		COLORS Frame _____ Fenders _____ <input type="checkbox"/> Front <input type="checkbox"/> Rear Rims _____ Trim _____	
		ACCESSORIES <input type="checkbox"/> LOCKING DEVICE <input type="checkbox"/> LEGAL REFLECTORS			

