



BAVARIA DIRECTORATE OF EMERGENCY SERVICES

TRAFFIC SECTION BICYCLE REGISTRATION FORM

Please fill out the following information for your bicycle registration is required.

Last Name _____ First Name: _____

Rank: _____

Sponsor Last Name: _____ First Name: _____

Contact Number _____

Sponsor's Unit _____

Unit Address _____

DEROS: _____

Make _____

Model _____

Color _____

Size Wheel Size: _____

Bike Serial Number _____

Home Address _____

FOR ADMIN USE ONLY;

Registration / Decal Number _____

Date Entered into Database _____