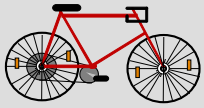
BICYCLE LICENSE APPLICATION



Mail this completed application plus a check made out to CRPD Bicycle Licensing in the amount of $5.00 to:

Bicycle Licensing
Cedar Rapids Police Department
505 1st Street SW
Cedar Rapids, Iowa 52404

Name: Last _____

First_____ Middle Initial ____

Address _____

Zip _____ Phone _____

Date of Birth _____

Social Security Number _____

Serial Number _____

Make _____ Model _____

Wheel Size _____ Gender *(Male/Female)* _____

Color _____/_____

CRPD462