

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 checked="" type="checkbox"/> MEDIUMWEIGHT <input type="checkbox"/> LIGHTWEIGHT <input type="checkbox"/> DOUBLE BAR <input type="checkbox"/> SINGLE BAR c l		BRAKES <input type="checkbox"/> HAND <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> COASTER Make _____		HUB <input type="checkbox"/> COASTER <input type="checkbox"/> 3 SPEED <input type="checkbox"/> 5SPEED <input type="checkbox"/> 10 SPEED R <input type="checkbox"/> 15 SPEED <input type="checkbox"/> _____		COLORS Frame _____ Fenders _____ <input type="checkbox"/> Front <input type="checkbox"/> Rear m s _____ Trim _____	
		WHEELS <input type="checkbox"/> 16 0 2 4 <input type="checkbox"/> 27 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 28 c l		SEAT Make _____		ACCESSORIES <input type="checkbox"/> LOCKING DEVICE <input type="checkbox"/> LEGAL REFLECTORS	