

20 _____

**APPLICATION FOR SPECIAL
MOTORCYCLE TRANSPORTATION PERMIT**

PERMIT NUMBER _____
MAKE _____

VEHICLE IDENTIFICATION NO. (VIN) _____

TRUE FULL NAME (LAST, FIRST, MIDDLE) _____

MAILING ADDRESS _____

APT. NO. _____

CITY _____

COUNTY _____

ZIP CODE _____

I certify under penalty of perjury, under the laws of the State of California, that the information I have provided is true and correct and that this motorcycle is used exclusively in racing events on a closed course.

DATE _____

SIGNATURE _____

X

DAYTIME TELEPHONE NUMBER _____

() _____

REG 712 (REV. 10/2003)



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