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### 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 (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**I further certify that this motorcycle is used exclusively in racing events on a closed course.**

DATE	SIGNATURE
	X

DAYTIME TELEPHONE NUMBER  
( )

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



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