STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
DMV
A Public Service Agency

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 (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

(   )

REG 712 (REV. 7/2008) **WWW**

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS