STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

20 _____

PERMIT NUMBER

MAKE

APPLICATION FOR SPECIAL MOTORCYCLE TRANSPORTATION PERMIT

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**

Print Clear Form

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