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APPLICATION FOR SPECIAL MOTORCYCLE TRANSPORTATION PERMIT

MAKE

PERMIT NUMBER

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



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