



MOTORIZED BICYCLE (MOPED) INSTRUCTIONS/APPLICATION

Please read all sections before completing application.

SECTION 1 — VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
MODEL	DISTINCTIVE MARKS OR FEATURES		

Mail completed application and the applicable fees (*check or money order, please do not send cash*) to:

**Department of Motor Vehicles
Special Processing Unit - MS D238
P.O. Box 932345, Sacramento, CA 94232-3450**

- Original application for license plate and ID Card, complete **Sections 1, 2 and 5.**
- Apply for duplicate ID Card and/or substitute license plate, complete **Sections 1, 3 and 5.**
- Transfer ownership, complete **Sections 1, 4 and 5.**

SECTION 2 — ORIGINAL APPLICATION

An original application is one that is made if the vehicle has never been licensed in California (no California license plate or ID Card). Answer the following questions "yes" or "no" to determine if your vehicle is a motorized bicycle (MOPED):

- | | | |
|-----------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Two-wheel or three-wheel device? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Fully operative pedals for human power or powered solely by electrical energy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Automatic transmission and a motor with less than 4 gross brake horsepower? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Maximum speed of 30 miles per hour on level ground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to all four questions, complete the application below, in the appropriate sections.

If you answered "No" to any of the questions, your vehicle is not a motorized bicycle as defined by the California Vehicle Code §406. Complete Application for Registration (REG 343) to apply for appropriate registration.

TRUE FULL NAME OF OWNER(S) (LAST, FIRST, MIDDLE) <input type="checkbox"/> AND <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER		
ADDRESS	COUNTY	CITY	STATE ZIP CODE

NOTE TO MOPED RETAIL SELLER: A statement of facts indicating that you are a retail seller of mopeds is required with this application.

SECTION 3 — CHECK ONE: Substitute Plate Duplicate ID Card

Item(s) has/have been: (*Please check one*)

- Lost/Stolen
- Destroyed/Mutilated
- Surrendered to DMV
- Not Received from DMV
- Not Received from Prior Owner

I have furnished the Department of Motor Vehicles with my correct address and will return or destroy the original item(s), if received.

SECTION 4 — OWNERSHIP TRANSFER

The ID Card is the transfer document. If it is lost, complete Section 3, sign Release of Ownership section (SELLER Signs) and have the new owner(s) complete the information in this section and sign on new owner signature line in Section 5.

RELEASE OF OWNERSHIP

I hereby release interest in the vehicle:

RELEASING SIGNATURE OF SELLER X	PRINTED NAME	DATE
NEW REGISTERED OWNER(S) (LAST, FIRST, MIDDLE) <input type="checkbox"/> AND <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	
ADDRESS	COUNTY	CITY STATE ZIP CODE

SECTION 5 — CERTIFICATION AND SIGNATURE(S)

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

DATE	SIGNATURE OF NEW OWNER X	DAYTIME TELEPHONE NUMBER ()
DATE	SIGNATURE OF NEW OWNER X	DAYTIME TELEPHONE NUMBER ()