For Office Use Only

Permit #_____

University of Arkansas
Bicycle Registration Form

University ID# or Driver's License#: _____ Driver's License State: ____

_____ _____ ____
Name: Last First MI

Status (Check Only One) ☐ Student ☐ Faculty/Staff ☐ Visitor ☐ Vendor ☐ Construction Worker

_____ _____ _____ _____ _____
Permanent Address City State Zip Home Phone

_____ _____ _____
Local Address (Office Building Code, Residence Hall or Off Campus) Local/Cell Phone Email

Mail Permit To: ☐ Permanent Address ☐ Local Address ☐ Pickup at Transit and Parking

Bicycle Information

_____ _____ _____ _____ _____
Serial # Year of Purchase Make Model Color