Kansas Department of Revenue Vehicle Services 915 SW Harrison St. Topeka, KS 66626-1588

Check to verify that:



Telephone: 785-296-3621 Fax 785-296-3852 www.ksrevenue.gov

**Purpose:** Use this form to certify compliance with motorized bicycle requirements.

**Motorized Bicycle Operation Verification** 

The motorized bicycle being titled and registered has the capability of a maximum design speed of no more than 30 miles

**Instructions:** Complete form and submit with application to your County Treasurer when making application to title and register a motorized bicycle. County Treasurer may request proof of any information provided.

			<b>Motorized Bicyc</b>	le Information	
Year	Make	Model	Vehicle Identification Number (VIN)		
			Owner's Inf	formation	
Owner's full name "as it appears on drive			er's license" or name of	business	Owner's telephone number
Co-owner's full name "as it appears on driver's license" or name of busine				e of business	Co-owner's telephone numbe
					•
Owner's r	esidence/bus	siness address (a	partment number if appl	icable)	
				,	
(	City	State	ZIP Code	Check	Owned by individual
	j			one:	Owned by business
To operat	e a motorize	d bicycle you are	required to:		
Have a va	lid driver's li	cense or a motoriz	zed bicycle driver's licen	se K.S.A. 8-235 (d).	
Helmet ar	d eve proted	ction is required (u	ınder 18 years old), eye	protection not require	d if it has a windshield.
		. ,	and register a motorize	•	
			Certific	•	
					is true and correct, that any
					nformation included in all supportinq er penalty of perjury and I (we)
			se statement or represer		
			/representative's signati		Date (mm/dd/yyyy)
/a \					