

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

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.

Check	to	verifv	that:
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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 per hour, produces no more than 3.5 brake horsepower, has a cylinder capacity of not more than 130 cubic centimeters and has an automatic transmission. K.S.A. 8-126(aa).

Note: If the vehicle you are attempting to title and register exceeds any of the limits established in K.S.A. 8-126(aa) it shall be titled and registered as a motorcycle.

Motorized Bicycle Information						
Year	Make	Model	Vehicle Identification Number (VIN)			
Owner's Information						
Owner's full name "as it appears on driver'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 business			Co-owner's telephone number			
Owner's residence/business address (apartment number if applicable)						
City	ity	State	ZIP Code	Check one:	Owned by individual	
					Owned by business	

To operate a motorized bicycle you are required to:

Have a valid driver's license or a motorized bicycle driver's license K.S.A. 8-235 (d).

Helmet and eye protection is required (under 18 years old), eye protection not required if it has a windshield.

Proof of insurance is not required to title and register a motorized bicycle.

Certification

The owner(s) listed above certify and affirm that all information presented in this form is true and correct, that any documents I (we) have presented to the County Treasurer are genuine, and that the information included in all supporting documentation is true and accurate. I (we) make this certification and affirmation under penalty of perjury and I (we) understand that knowingly making a false statement or representation on this form is a criminal violation.

(Co)-Owner's or authorized agent/representative's signature(s)	Date (mm/dd/yyyy)

TR-MB2014

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