U.S. VIRGIN ISLANDS POLICE DEPARTMENT
BICYCLE LICENSE
MOTOR VEHICLE BUREAU

First Name:	Middle Name:	Last Name:
Residence Address:		
DOB:	SEX: ☐Male ☐Female	Race:
Year:	Make:	Model:
Body/Style:	Weight:	Color:
Tag#:	Issuance Date:	Exp. Date:
Seial Number:		
Comments:		
Signature of Child:		
Signature of Parent/Guardian (if under 18)		

Comments (Office Use Only)