

CITY OF VIRGINIA BEACH

**Application for License of a Bicycle, Electric Personal Assistive Mobility Device,
Electric Power-Assisted Bicycle, Electric-Powered Wheeled Device
and Gas-Powered Wheeled Device**

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ CITY, STATE, ZIP CODE: _____

DESCRIPTION OF WHEELED DEVICE OR VEHICLE

Check One: Bicycle Electric Personal Assistive Mobility Device Electric Power-Assisted Bicycle
 Electric-Powered Wheeled Device Gas-Powered Wheeled Device

MAKE _____ SERIAL NO. _____ COLOR _____ # OF WHEELS _____

GAS-POWERED _____ ELECTRIC-POWERED _____

For Bicycles only: STYLE: _____ Boys _____ Girls _____ NEW _____ USED _____ Electric-powered _____

For disabled applicants for the use of the following devices only: Must provide either Physician's Certification Letter or Medical Certification Form

Check one: Electric personal assistive mobility device

 Electric-powered seated scooter

 Electric power-assisted bicycle

Note: Wheelchair and wheelchair conveyances as defined in Section 7-1 of the City Code are exempt from registration.

LICENSE FEE: \$1.00 Make Check Payable to **Treasurer** and Mail Check and Application to:

CITY TREASURER
2401 Courthouse Drive
Virginia Beach, VA 23456