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

Check to verify that:

TR-MB2014

has an automatic transmission. K.S.A. 8-126(aa).



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

Revised 07/02/2024

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 per hour, produces no more than 3.5 brake horsepower, has a cylinder capacity of not more than 130 cubic centimeters and

Instructions: Fill out 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.

			Motorized Bicyc	le Information		
Year	Make	Model				
			Owner's Inf	formation		
Owner's full name "as it appears on driver's license" or name of business				business	Owner's telephone number	
Co-owner's full name "as it appears on driver's license" or name of busines					Co-owner's telephone number	
Owner's re	sidence/bu	siness address (ap	eartment number if appl	icable)		
City		State	ZIP Code	Check	Owned by individual	
To operate		d biovolo vov one m		one:	Owned by business	
•		d bicycle you are r	equirea to. ed bicycle driver's licen	000 K C A 9 225 (d)		
			•	` ,		
			nder 18 years old), eye and register a motorize	•	red if it has a windshield.	
1001 01 111	surance is i	lot required to title	Certific	•		
(we) have documenta	presented t ation is true	o the County Treas and accurate. I (w	surer are genuine, and	that the information on and affirmation ur	n is true and that any documents I included in all supporting ader penalty of perjury and I (we) s a criminal violation.	
(Co)-Owner's or authorized agen			/representative's signature(s)		Date (mm/dd/yyyy)	
(/						