



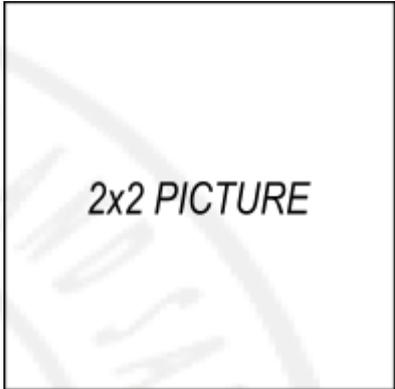
DEPARTMENT OF PUBLIC ORDER AND SAFETY GREEN TRANSPORT DIVISION



BIKE REGISTRATION FORM

I. PERSONAL INFORMATION

Name: _____ Age: _____
 Address: _____ Birthday: _____
 Contact No.: _____ Sex: _____
 Barangay: _____ Nationality: _____
 Blood Type: _____ Email: _____



II. ACTIVE TRANSPORT DETAILS

MODE OF ACTIVE TRANSPORT

Bike

E-scooter

E-bike

Serial No.: _____
 Bike Type: _____
 Color : _____

Chassis No.: _____
 Motor No. : _____
 Color : _____

Serial No. : _____
 Motor No. : _____
 Color : _____

III. OTHER INFORMATION

Affiliated Bike Organization(s): _____
 Frequency of Biking: _____ days in a week
 Preferred Biking Time: _____
 Usual Roads Taken: _____

ACTIVE TRANSPORT PURPOSE

WORK

EXCERCISE

OTHERS

Point of Origin: _____
 Point of Destination: _____
 Preferred Route(s): _____

Exercise Route(s): _____

Point of Origin: _____
 Point of Destination: _____
 Preferred Route(s): _____

Verification (To be filled up by GTO Personnel)

Government ID Presented: Voter's ID Driver's License Quezon City ID Phil-Health
 TIN ID National ID Passport NBI PRC

Other Please Specify: _____

Proof of Ownership Presented: _____

Issued Sticker Number: _____

Type of Registration

FREE PREMIUM

I, _____ hereby certify that the above information I had stated are true and correct. I am aware that I may be subjected to legal actions if it may be found that any information I had provided is false.

Date: _____

Signature over Printed Name



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