Affidavit to Verify Requirements for Moped Classification

Name of company: _				_
Address:				<u> </u>
City, State, Zip Code				_
This is to certify that all mope centimeter piston displacement does not require the operator to	t or less, cannot excee			
3	Model Number	Engine model number series	cc piston displacement	top speed
Include supporting data confirm of moped(s), gear power dr manufacture's website information of Public Safety of the State of every cooperation toward the earth of the State of Texas.	ive system i.e. copy ation, etc. We shall, Texas, without cost of	y of pages from owner's at all times, make immedian or obligation to them, any ac	manual, certifitely available to ditional specific	icate of origin, the Department ations and offer
(Signature)	_	(Date)		
(Phone Number)		(Email Address)		
State or Jurisdiction where affi				-
Before me, personally, appeare				<u> </u>
Who, after being duly sworn, d				
I am the		of this company.		
(Title) Subscribed to and swor		day of		_,
		(Notary Pub	lic)	

Mail affidavit to:
Texas Department of Public Safety
Motorcycle Safety Unit
Box 4087
Austin, TX 78773-0257