



H.O.G.® Mileage Form



RIDER NAME _____ H.O.G. # _____
(including Country Code)

Mailing Address _____

City/State _____ Zip or Postal Code _____

PASSENGER NAME _____ H.O.G. # _____
(including Country Code)

Mailing Address _____

City/State _____ Zip or Postal Code _____

IMPORTANT NOTE: Each Harley-Davidson® motorcycle must be enrolled prior to accumulating miles in the program. (VIN = Vehicle Identification Number)

FILL OUT THIS SECTION TO: ENROLL (start new in the Mileage Program)
OR
ADD additional bike(s) to the program

VIN _____ Starting Odometer: _____ Miles Kilometers

VIN _____ Starting Odometer: _____ Miles Kilometers

FILL OUT THIS SECTION TO: REPORT MILEAGE for enrolled bike(s)
OR
REPORT MILEAGE for bike(s) sold

VIN _____ Current Odometer: _____ Miles Kilometers

VIN _____ Current Odometer: _____ Miles Kilometers

VIN _____ Current Odometer: _____ Miles Kilometers

(AN ENTRY SHOULD BE MADE IN BOTH SECTIONS ABOVE TO REPORT A VEHICLE TRADE)

DEALER ENDORSEMENT (REQUIRED):

Dealer Name _____ Dealer #: _____

Dealer Signature _____ Date _____

(I hereby certify that the information on this form is correct.)