

MOTORCYCLE SAFETY

Instructor Candidate Application

WARNING: Becoming a motorcycle safety instructor can be hazardous to your nerves. The certification course is extremely intense and stressful. You may never have worked harder in a course, nor will you in the future. Be prepared to eat, sleep, and breath motorcycle safety for 10 days solid. But, you'll find few things in life more satisfying than the feeling of accomplishment and purpose than when you train new riders.

Please complete (type or print) the following information:

PERSONAL

First Name _____	Middle _____	Last _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth ____/____/____	Social Security Number _____
Address _____			

Employer _____	Occupation _____		
Home Phone (____) _____	Work Phone (____) _____	Fax (____) _____	

MILITARY If active, complete the following:

<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	Duty Title _____
Rank _____	Organization & Office Symbol _____				
How long stationed here? _____					
DSN Number _____	Extension _____				
Commercial Number _____	Extension _____				

EDUCATION

High School or GED Yes No

College/University Graduate Yes No If Yes, Major _____

List other educational institutions you attended or any specialized training you have received. Be sure to identify any certificates or advanced degrees. _____

MOTORCYCLING EXPERIENCE

Do you currently ride a motorcycle? Yes No

Motorcycle Operator's License # _____ State _____

How many years have you had a motorcycle license or endorsement? _____

Have you ever had your license revoked or suspended? Yes No

If yes, when? _____ Where? _____

Why? _____

How many years have you been a motorcyclist? _____

What type of motorcycle do you own? _____

What type of riding do you currently do? Dirt Touring Commuting Other

Have you ever been involved in competitive motorcycle racing? Yes No

If yes, what type: Dirt Track Enduro Motorcross Road Observed Trials

Are you familiar with the: *Motorcycle RiderCourse* (MRC:RSS)? Yes No

Experienced RiderCourse (ERC)? Yes No

Have you attended/completed any of the following motorcycle safety courses?

MRC:RSS Yes No If yes, when? _____

BBP Yes No If yes, when? _____

ERC Yes No If yes, when? _____

Other _____

Do you currently teach a rider-education course? Yes No If yes, answer the following:

Who is sponsoring the course? _____ Where? _____

How many rider-education courses have you taught? _____

PERSONAL

Describe in detail why you want to become a MSF-certified *RiderCourse* Instructor. Use additional paper if necessary. _____

Give a brief description of any other teaching experience. _____

SPONSORSHIP

Are you being sponsored for this course? Yes No If yes, by whom? _____

What assistance will your sponsor provide? _____

Where will you teach rider training after graduation? _____

MEDICAL

Do you have any medical condition that would require that we make any accommodation in this course?

Yes No If yes, please describe: _____

This application does not guarantee a position in a course. For further information about Instructor Preparation Courses, contact your State/Military Coordinator or MSF.

Signature

Date