

RiderCourse® RiderCoach Preparation Candidate Application

Please complete the following information: (type or print)

PERSONAL

First Name _____ Middle _____ Last _____

Are you 18 years of age or older? Yes No Male Female Social Security Number _____ - _____ - _____

Address _____

Employer _____ Occupation _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Fax (_____) _____ - _____

Email: _____

MILITARY If active, complete the following:

Airforce Army Marines Navy 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.

MOTORCYCLE 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 motorcycle racing? Yes No

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

Are you familiar with the: Basic *RiderCourse* (BRC)? Yes No

Motorcycle *RiderCourse* (MRC:RSS)? Yes No

Basic *RiderCourse 2* (BRC2)? Yes No

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

BRC Yes No If yes, when? _____

MRC:RSS Yes No If yes, when? _____

BRC2 Yes No If yes, when? _____

Other _____
(describe)

PERSONAL

Describe in detail why you want to become an MSF-certified *RiderCourse* RiderCoach. Use additional paper if necessary.

Give a brief description of any other teaching experience. _____

CHARACTER

Have you ever been convicted of (including a plea of guilty or no contest) a felony, or serious misdemeanor, other than a minor traffic violation?
 Yes No

Are you now undergoing, or have you ever undergone treatment during the last five (5) years for the use of drugs, narcotics or excessive alcohol use?
 Yes No

Do you have any medical condition that requires accommodation or that would otherwise impair your ability to safely perform the duties of a RiderCoach? Yes No

If yes to any of the above, please state the facts fully: _____

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? _____

ACKNOWLEDGEMENTS

This application does not guarantee a position in a RiderCoach Preparation Course nor does it guarantee that the Motorcycle Safety Foundation (MSF) will issue the applicant a RiderCoach Certification. If the applicant is offered a position in a RiderCoach Preparation Course and the applicant successfully completes the RiderCoach Preparation Course, the MSF may issue a RiderCoach Certification to the applicant. A RiderCoach Certification will only be issued upon execution of a RiderCoach Certification Agreement between the applicant and the MSF. This application shall become an integral part of any RiderCoach Certification Agreement that may be executed between the applicant and the MSF. Unless and until the MSF issues a RiderCoach Certification to the applicant, the applicant is not an authorized, certified RiderCoach and may not make any representations or perform any acts as such.

I certify that I have read this *RiderCourse* RiderCoach Preparation Candidate Application in its entirety, and the information contained herein is true and correct and that I have not omitted any relevant information. I understand and agree that falsification of any information provided herein, or the omission of any relevant information, will result in immediate revocation of my MSF RiderCoach Certification.

Signature _____ Date _____

Mail to:
MMRS
PO Box 7751
Havre, MT 59501