



Thank you for your interest in becoming an MSF-certified RiderCoach. Please complete the application (type or print) neatly and accurately. Once completed, ensure the state program administrator has reviewed it; otherwise you may forward it to MSF.

PERSONAL

First Name _____ Middle _____ Last _____
Are you 18 years of age or older? Yes No Male Female Social Security Number _____ - _____ - _____
Address _____
City/State/Zip Code _____
Employer _____ Occupation _____
Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Email: _____

MILITARY (if active duty)

Air force Army Marines Navy Coast Guard Rank _____
DSN Number _____ Commercial Phone No. _____ Ext. _____

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 (include most current driving record)

Motorcycle Operator's License # _____ State _____ Driving record attached Yes No
How many years have you had a motorcycle license or endorsement? ____
Have you ever had your license revoked or suspended? Yes No If yes, Explain _____
Do you currently ride a motorcycle? Yes No How many years have you been a motorcyclist? _____
What type of riding do you currently do? _____
What type of motorcycle/s do you own? _____
Have you completed any of the following motorcycle safety courses?
MRC: RSS Yes No If yes, when? _____
BRC Yes No If yes, when? _____
ERC Yes No If yes, when? _____
Other _____
(describe)

INTEREST IN BEING A RIDERCOACH

Describe in detail why you want to become an MSF-certified RiderCoach.

Give a brief description of any other teaching experience _____



CHARACTER

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

Have you been convicted of (including a plea of guilty or no contest) driving under the influence? Yes No

Are you now undergoing, or have you 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? _____

What obligations are you subject to for this sponsorship? _____

Where will you teach rider training after graduation? _____

STATEMENT AND ACKNOWLEDGEMENTS

Please read this section carefully and ask any questions *before* you sign.

I certify that I have read this RiderCoach Preparation Candidate Application in its entirety, and the information contained herein is true and correct. I understand and agree that all such information is material to my prospective acceptance. I have withheld nothing that would, if disclosed, affect this application unfavorably. I acknowledge that this application will be active for 60 days, after which time, I must reapply for further consideration. 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.

If you have any questions regarding this agreement, please ask a representative of the MSF before signing.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT.

Signature _____ Date _____

Remit your application to:

**Motorcycle Safety Foundation
Attn: CMSP
2 Jenner Street, Suite 150, Irvine, CA 92618-3806**

CMSP MSF RiderCoach Preparation Candidate Prerequisite Check List, and DMV Record must accompany this document.



CMSP MSF RiderCoach Preparation Candidate Prerequisite Check List

MSF Basic *RiderCourse* Completion Date: _____

Knowledge Test Score: ____/____/____

Skills Evaluation Score: ____/____/____

Completed "Shadowing" Range and Classroom Sessions:

Session 1 Date: ____/____/____

Lessons Observed: _____

RC Name and Signature: _____

Session 2 Date: ____/____/____

Lessons Observed: _____

RC Name and Signature: _____

Classroom Observation Date(s): ____/____/____

Notes: _____

RC Signature: _____

Oral Review of BRC Range Cards (presentation ability): _____

First Aid Training Complete: ____ Date of Training: ____/____/____

CPR Training Complete: ____ Date of Training: ____/____/____

First Aid/CPR Training Verified by (RC#): _____

DMV Record Obtained (date): ____/____/____

Site Manager or Site Administrator Signature: _____

Date: ____/____/____

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must accompany this document.**