



California Motorcyclist Safety Program Student Registration Form

Site Name: NCMT, Inc. Date _____

Personal Data

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip

DOB MM/DD/YY _____ AGE _____ SEX M F

WORK PH _____ HOME PH _____ MOBILE _____

EMAIL _____

Acceptable Government Issued Photo ID:

- State Driver's License Permit # _____ State: _____ Expiration Date: _____
- State Identification # _____ State: _____ Expiration Date: _____
- Foreign Driver's License # _____ Country: _____ Expiration Date: _____
- Passport # _____ Country: _____ Expiration Date: _____

Verified Government Issued Photo ID By: _____
(initial)

ON-STREET RIDING EXPERIENCE

1. Have you ridden a street motorcycle regularly in the last five years? Yes No
2. How much street riding experience do you have? (check one)
 Less than 500 miles 500 to 2000 miles More than 2000 miles
3. How long have you been riding? _____ years
4. Have you ridden off road? Yes No
5. How many on-street miles have you ridden in the past year? _____ miles
6. Do you own a street motorcycle/motorscooter? 1. yes 2. no If yes, what size? _____ cc
7. What is your primary reason for riding a motorcycle/motorscooter on street?
 Commuting Recreation Other _____
8. Have you ever been involved in an on-street motorcycle/motorscooter accident? yes no
9. How did you hear about this course? (Check all that apply)
 Friend Tradeshaw Catalog School Online Search DMV
 Dealer Insurance Courts Magazine CMSP website Brochure
 Other explain _____
10. Did you call for Motorcyclist Training Course information? Yes No
11. Have you ever taken this course before? Yes No
12. May CMSP contact you in the future? Yes No

do not write below this line

office copy

written test score _____ riding test score _____ DL 389 Cert. no: _____

check one: passed failed dropped early dropped late did not finish

If student is a carry over from a previous class, check this box