

# 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 \_\_\_\_\_

Years with 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

Experienced *RiderCourse* (ERC)?  Yes  No

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

Beginner *RiderCourse*  Yes  No If yes, when? \_\_\_\_\_

Motorcycle *RiderCourse*:RSS  Yes  No If yes, when? \_\_\_\_\_

Experienced *RiderCourse*  Yes  No If yes, when? \_\_\_\_\_

Other Courses: \_\_\_\_\_

(describe)

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**PERSONAL**

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

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Give a brief description of any other teaching experience. \_\_\_\_\_

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**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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 \_\_\_\_\_

**Upon completion of this application, please return it to our office via fax or mail:**

Rider Education of New Jersey Inc.

PO Box 1400

Edison, NJ 08818-1400

Tel: 732-572-0800 Fax: 732-572-0805