



Vermont DMV Rider Education Program

120 State Street, Montpelier, VT 05603-0001

Instructor Application

Applicant Information

Full Name: _____
Last First Date of Birth:

Address: _____
Street Address

City State ZIP Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Occupation: _____ Employer: _____

Driver's License Number: _____ Issuing State: _____

Have you ever had you driver's license suspended or revoked? Yes No

If yes, provide details:

Have you ever been convicted of:

Any felony? Yes No

Any misdemeanor involving a violent act? Yes No

Operating a vehicle under the influence of intoxicating liquor or other substance? Yes No

Operating or taking another person's vehicle without the owner's consent? Yes No

Operating a vehicle after suspension, revocation or refusal of license Yes No

Operating a vehicle in a careless and negligent manner Yes No

Attempting to elude a law enforcement officer Yes No

Leaving the scene of an accident Yes No

Provide details if you answered yes to any of the above

Motorcycle Experience

Do you currently have a motorcycle endorsement or license? Yes No

How many years have you had a motorcycle endorsement?

Do you currently own and operate a motorcycle? Yes No

List the year, make and model of motorcycles you currently own and regularly operate:

Year	Make	Model
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What type of riding are you currently involved with? (Check all that apply)

Off-road Touring Commuting Group Riding

Other Please explain:

How many miles have you ridden during the past 12 months?

Motorcycle Training

Are you familiar with the Vermont DMV Rider Education Program's motorcycle training courses? Yes No

Have you taken a motorcycle training course? Yes No

If yes, please list course type, location where you attended training and date(s) of training

Type of Training	Location	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No

College: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Personal

Do you have any teaching experience? Yes No

If yes, provide details

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

Will you be available to teach RiderCourses for the Vermont DMV Rider Education Program after becoming a certified RiderCoach? Yes No

If yes, how many a courses will you be able to teach each training season?

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.

By clicking this box I agree it is my intent to sign this document and submit this document to the Vermont Department of Motor Vehicles. I understand that my signing and submitting this record in this fashion is the legal equivalent of having placed my handwritten signature on the submitted document and this affirmation. I understand and agree that by electronically signing and submitting this document in this fashion I am attesting to the truth of the information contained therein.

I certify that the statements herein are true. This declaration made under penalties of 23 V.S.A. §202.

Signature: _____ Date: _____

Return completed application by

Mail

Vermont DMV Rider Education Program
120 State Street
Montpelier, VT 05603-0001

Or Email

Paul Graves
Motorcycle Training Coordinator
paul.graves@vermont.gov

Signature NOT required if submitting by email