

Vermont Driver's License Number:		Date of Birth:	
Name: Last	First	Middle	
Mailing Address (Street, Road or PO Box):		City:	State:
Physical Address:		City:	State:
Daytime Phone Number:	Evening Phone Number:	Email Address:	

Check if the above is a change to: Mailing Address Physical Address

Course Selection – Check type of course you are registering to attend and fill in course number(s) and date(s).

- Basic Rider Course - \$195
 Scooter Basic Rider Course - \$195
 Experienced Rider Skills Plus Course - \$80
 Experienced Rider License Waiver Course (using your own motorcycle) - \$105
 Experienced Rider License Waiver Course (using a program motorcycle) - \$115

Preferred Course Number: _____	Date: _____
1 st Alternate Course Number: _____	Date: _____
2 nd Alternate Course Number: _____	Date: _____

- Check here and explain below if you have a hearing, reading, or other type of disability, or you are taking any medication that might affect your participation in this program. Providing this information will NOT prevent you from taking a course, but gives us sufficient time to accommodate your needs.

In the absence of extenuating circumstances the fee for the Vermont Rider Education Program's courses is non-refundable.

Signature (required): _____ Date: _____

Signature of parent or legal guardian if under 18: _____ Relationship: _____

A confirmation notice will be mailed or emailed to you verifying your course enrollment.

Applicants for all VREP courses must hold a valid Vermont drivers license and present photo ID on the first day of the course.

Mail Completed Registration Form and Payment to:
Vermont Rider Education Program - Course Registration
120 State Street
Montpelier, VT 05603-0001



Make checks payable to: VT Rider Education Program

***Applicants for an Intermediate Rider Course must have completed a BRC and passed the BRC knowledge test during the last 12 months.**

FOR VREP USE ONLY

Payment Received

Cash
 Check #: _____
 MO #: _____
 Registered Course #: _____