

VIRGINIA RIDER TRAINING PROGRAM INSTRUCTOR/RIDER COACH APPLICATION

PURPOSE: Use this form to apply to become a Virginia Motorcycle Rider Training Program Instructor/Rider Coach.

INSTRUCTIONS: Type or print in ink to complete the application, sign and return it to the Virginia Motorcycle Rider Training Program at the above address.

APPLICANT INFORMATION				
FULL LEGAL NAME (last)		(first)	(middle)	(suffix)
ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	MOBILE TELEPHONE NUMBER ()	FAX NUMBER ()	
EMAIL ADDRESS	ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DRIVER LICENSE NUMBER	OCCUPATION			
HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		COLLEGE / UNIVERSITY GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE MAJOR:		
List any other educational institutions you attended or any specialized training you received. (Do not list motorcycle training or classes conducted by the Virginia Rider Training Program.)				
INSTITUTION / TRAINING			DATES: FROM (mm/dd/yyyy) TO (mm/dd/yyyy)	

MOTORCYCLE EXPERIENCE	
Do you currently ride a motorcycle? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many years have you been a motorcyclist?
How many years have you had your "M" classification?	What type of motorcycle do you own?

Have you ever had your driver license suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list below.		
LOCATION (city/county, state)	REASON	DATE (mm/dd/yyyy)

Have you ever attended/completed any of the following motorcycle training classes?		
BASIC RIDER COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPERIENCED RIDER COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	SIDECAR/TRIKE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DATE (mm/dd/yyyy):	IF YES, DATE (mm/dd/yyyy):	IF YES, DATE (mm/dd/yyyy):
List other motorcycle training classes you have attended/completed.		
CLASS NAME		DATE (mm/dd/yyyy)

TEACHING EXPERIENCE

Describe any teaching experience you have.

Describe in detail why you want to become a Virginia Rider Training Program Instructor/Rider Coach.

SIGNATURE

I understand that this application does not guarantee a position in the Virginia Rider Training Program Instructor/Rider Coach class.

By signing this document, I agree to abide by the Virginia Rider Training Program requirements and certify that all information provided on this application and on any attached documents is true and valid. I understand that failure to comply with these requirements and those set forth by law or otherwise established by DMV may result in suspension or termination of my position as a Virginia Rider Training Program Instructor/Rider Coach.

NAME (print)

SIGNATURE

DATE (mm/dd/yyyy)

CONTACT INFORMATION

If you have questions, contact the Virginia Rider Training Program at: (804) 367-1813 (voice)
bruce.biondo@dmv.virginia.gov (email)