



3-WHEEL BASIC RIDERCOURSESM CERTIFICATION COURSE APPLICATION

This application to attend an MSF 3-Wheel Basic *RiderCourse* (3WBRC) Certification Course (CC) is for active, certified RiderCoaches and RiderCoach Trainers. This application must be approved by an MSF approved trainer prior to enrollment into the 3-day 3WBRC CC. Applicants must provide at least one letter of recommendation from their current training provider (RERP) with this application. Also, an official, current driving record must be attached. Allow MSF at least 21 days to review the application. (Applications will be kept on file for 2 years from date signed.)

Complete the following information: (type or print where appropriate)

PERSONAL

First Name _____ Middle _____ Last _____

Address _____

Primary Employer _____ Occupation _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell (____) _____ - _____

Email: _____ Fax (____) _____ - _____

Motorcycle Operator's License/Endorsement # _____ State _____

MSF RiderCoach Number _____ Expiration Date ____/____/____ Years with MSF certification _____

Approximate number of BRCs conducted last 3 years _____

Approximate number of ERCs (BRC2) conducted last 3 years _____

MILITARY (If active, complete the following):

Air Force Army Marines Navy Coast Guard Rank _____

DSN Number _____ Extension _____ Commercial Number _____ Extension _____

EDUCATION

High School or GED Yes No

College/University Graduate Yes No If Yes, Major _____

List other primary educational institutions you attended or any specialized, non-motorcycle related training you have received. _____

RIDER AND RIDERCOACH EXPERIENCE Incomplete or insubstantial answers will result in your application being rejected. Use additional paper if necessary.

Do you currently own a motorcycle? Yes No

How many years have you been a 3-track motorcyclist? _____

Year/Make/Model of 3-track and other motorcycle(s) you currently ride (limit to top three): _____

In a short paragraph, describe what makes you an extraordinarily good rider: _____



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In a short paragraph, describe what makes you an extraordinarily good RiderCoach: _____

Have you ever had your license revoked or suspended? Yes No

If yes, When? _____ Where? _____

Why? _____

If there are violations on your driving record that were acquired in the last 3 years, please explain. _____

OTHER

Describe why you want to become certified in the 3WBRC.

List special motorcycle courses you've taken such as advanced training, track days or track school.

List, including RERP number, the top three sites where you will be teaching the 3WBRC. Each site must be a recognized 3WBRC range.

ACKNOWLEDGEMENTS

I understand that this application does not guarantee a position in a 3WBRC Certification Course nor does it guarantee that the Motorcycle Safety Foundation (MSF) will grant to me any certification. I certify that I have read this 3WBRC Certification Course 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 certification. I agree to abide by the RC/RCT Rules of Professional Conduct.

Signature _____ Date _____

_____ (Initial) I have included letter(s) of recommendation from the applicable program administrator.

_____ (Initial) I have attached an official, current driving record.

_____ (Initial) I understand that without these two items attached, my application will be returned to me.