

RiderCoach 8:1 Approval Request
RiderCoach form

RiderCoach: _____

RiderCoach Email Address: _____

Contact Number: _____

Please submit the most recent six classes below.

Course Ending Date	Sponsor – Name / Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I verify these dates and locations are accurate. I understand that my approval will not be processed until the Department has confirmed the dates.

Signature: _____ Date: _____

*Submit To: Texas Department of Public Safety
Motorcycle Safety Unit
Fax (512) 424-2506
Email: motorcycle.safety@txdps.state.tx.us*

OFFICE USE ONLY: RCVD: _____ CC DATE _____ REMS: _____ APPROVAL _____ DENIAL _____