TEXAS DEPARTMENT OF PUBLIC SAFETY
Motorcycle Safety Course - Range Assistant Application

Application will not be considered unless all requirements are met and include all necessary documentation. Submission of this application does not guarantee you approval to assist with motorcycle safety courses in Texas. If you do not maintain contact with the MSU on your progress or are not approved within one year of application being received, you will need to submit a new application. **This application is form fillable, please type when completing.**

Before submitting this application:

Verify you meet the driving record and criminal history minimum requirements as outlined in the Texas Department of Public Safety Administrative Rules, Sections 31.2 (b).

- ☐ Driving offenses and corresponding points: http://www.txdps.state.tx.us/internetforms/Forms/SBT-12.pdf
- ☐ Criminal offenses involving moral turpitude: http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=22&ch=519&rl=7

When submitting this application, include all supporting documentation or it will be considered incomplete and a new application will need to be submitted with proper documentation:

- ☐ Signed Range Assistant Rules of Professional Conduct
- ☐ Complete Fingerprint Applicant Services of Texas (F.A.S.T.) procedure; see form on website under Become a RiderCoach

Note: All minors are required to also submit the following documents:

- ☐ Consent for Medical Treatment of a Minor signed by parent or legal guardian

Mail Application to:

ATTEN: Range Assistant Application
Texas Motorcycle Safety Unit
PO Box 4087
Austin, TX 78773-0257

APPLICATIONS MUST BE MAILED; FAX OR E-MAIL WILL NOT BE ACCEPTED

Please type or print legibly. Complete all information

1. Personal Information:

Full Name (First, Middle, Last): _____

Maiden Name/Any Other Names Used: _____

Mailing/Street Address: _____

City, State, Zip + 4: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Preferred Daytime: Home ☐ Work ☐ Mobile ☐

Primary Email Address: _____

Secondary Email Address: _____

Date of Birth: _____ Sex: _____ Race: _____

Occupation: _____

Employer: _____

Work Address: _____

_____

2. Driving Record Information:

Driver License #: _____ State: _____ Exp. Date: _____

Do you have a Motorcycle License/Endorsement? Yes ☐ No ☐

When did you receive your Motorcycle License/ Endorsement? _____

Has your driver license ever been revoked or suspended? Yes ☐ No ☐

If yes, explain (When, Where, Why) _____

_____

_____

_____

Note: If you do not have a Texas driver license, or have had a Texas motorcycle license for less than three years, submit with your application a copy of your out of state driving record and a letter/document from your previous state of residence showing the date you received your motorcycle endorsement.

3. Have you ever been arrested, convicted, or placement on probation, deferred adjudication, deferred prosecution, withheld adjudication or community supervision for:

a. a felony within the past ten years Yes ☐ No ☐

b. any offense involving moral turpitude within the past five years. Yes ☐ No ☐

c. tampering with governmental records, driving while intoxicated or under the influence of drugs, or an offense committed as a result of criminally negligent operation of a motor vehicle within the past five years? Yes ☐ No ☐

If yes, please give a detailed explanation of the facts including all dates and outcomes (use the back of the page if necessary). _____

_____

_____

4. Motorcycling Information:

Do you currently own and regularly operate a motorcycle? Yes ☐ No ☐

How many years have you operated a motorcycle? _____

What type of motorcycle do you own? _____

How many miles did you ride last year? _____

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

Dirt ☐ Touring ☐ Commuting ☐ Sport ☐

Have you ever been involved in competitive motorcycle racing? Yes ☐ No ☐

If yes, what type? Motocross ☐ Endure ☐ Flat Track ☐

Trials ☐ Road ☐

5. General Information:

Where and/or for whom will you work for upon approval? _____

***READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS APPLICATION*.**

By signing this application, I certify that all information stated in this application, to the best of my knowledge, is true and correct and allow the Texas Department of Public Safety (TxDPS) Motorcycle Safety Unit (MSU) to review my driving record and check for criminal history.

I understand that submission of this application **DOES NOT** guarantee me approval to assist with motorcycle training courses in Texas. I also understand that if I do not maintain contact with the MSU on my progress or am not approved within one year of application being received, I will need to submit a new application.

If approved as a Texas Range Assistant I understand that MSU will continually verify that I meet the minimum requirements that are current at the time of each recertification period and if at any time I no longer meet the minimum requirements I will lose my approval to assist with motorcycle training courses in Texas.

Applicant:

_____	_____	_____
Printed Name	Signature	Date

Parent or Legal Guardian (*if minor*):

_____	_____	_____
Printed Name	Signature	Date

Texas Department of Public Safety
Motorcycle Operator Training Program
Texas Range Assistant Rules of Professional Conduct

Range Assistants must adhere to all Department-approved standards and guidelines to maintain approval for assisting with motorcycle safety courses which can be found in the Administrative Guide.

All Range Assistants are required to:

1) Maintain a driving record using evaluation standards established by the DPS for school bus drivers pursuant to Texas Transportation Code 521.022; Administrative Guide, Section II – 31.3 (1d). In the event of any changes in the driving record, Range Assistant is responsible to notify the Motorcycle Safety Unit.

2) Maintain a clean criminal record; Administrative Guide, Section II - 31.2 (2-4). In the event of any changes in the criminal record, Range Assistant is responsible to notify the Motorcycle Safety Unit.

3) Wear full protective equipment whenever riding. Protective equipment provides comfort and protection to the rider by wearing it when they ride.

4) Project a professional appearance and attitude whenever before the public representing motorcycle operator training. This includes assisting with motorcycle operator training courses, during recreational riding, visiting motorcycle dealerships or meeting with motorcycle organization members.

5) Maintain contact with and submit Information Change form to the Motorcycle Safety Unit whenever there has been a change in address, phone number or email address.

6) Will cooperate fully with Department inquires and/or investigations

7) Duties are at the discretion of the Sponsor, may include cone management, moving motorcycles and motorcycle maintenance. No portion of the curriculum may be conducted by the Range Assistant to include teaching of the classroom, range or answering student's questions as related to the curriculum.

   I agree to abide by the Texas Range Assistant Rules of Professional Conduct. Non-compliance of any rule is cause for suspension of Texas approval.

Applicant:

_____	_____	_____
Printed Name	Signature	Date

Parent or Legal Guardian (*if minor*):

_____	_____	_____
Printed Name	Signature	Date

Texas Family Code allows only certain people to consent to medical treatment for your children in your absence. These are:

1. A grandparent of the child.
2. An adult brother or sister of the child.
3. An Adult aunt or uncle of the child.
4. An educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent.
5. An adult who has actual care, control, and possession of the child and who has written authorization to consent from a person having the right to consent.
6. A court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject.
7. An adult responsible for the care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county.
8. A peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.

Items 4 and 5 refer to an instructor of an approved motorcycle operator training course which must have written authorization to have your child treated in an emergency. The format for "Consent for Medical Treatment of a Minor" supplied here is taken from the Texas Family Code and should be considered adequate authorization by medical personnel.

If you desire, you my fill this out and leave it with the instructors before your child participates in the motorcycle safety course. It will save time should medical treatment be needed.

I, _____, am the parent or legal guardian of the minor child, .

_____, and I hereby authorize representatives of

_____ to consent to whatever medical treatment is deemed necessary

while said minor is in their care, in accordance with Section 32.001 and 32.002 of the Texas Family Code.

Parent or Legal Guardian (*if minor*):

_____	_____	_____
Printed Name	Relationship	Telephone

_____	_____
Signature	Date

DPS Use Only (submit with application):

Range Assistant: _____ MS# _____

Sponsor: _____

Application Received: Date _____

Entered in RA tracking list: Date _____

ROC: Date _____

Driving Record printed Date _____

F.A.S.T. Date _____

Class M Date _____

Assigned to Training Officer: _____ Date _____

General notes/concerns on application: _____

_____

_____

_____

Letter 1 – Application Received: Date _____

Letter 2 – Texas Approval sent to RA: Date _____

Range Assistant added to tracking sheet and REMS: Date _____

Print Form