Thank you for your interest in becoming a motorcycle operator training program sponsor. Attached is your sponsorship application. Fill out the application in its entirety then forward for approval to the Texas Department of Public Safety Motorcycle Safety Unit.

The review process includes the verification of meeting minimum standards of both Driver License and Criminal History. For this reason, each person with Supervisory or Executive Duties of the program must complete Fingerprint Applicant Services of Texas (F.A.S.T.) procedure; see form on website. This includes such positions as the Owner (signature on application/contract/license) and Program Manager; if the General Manager has duties as mentioned above they are also required to submit fingerprints for records review. The same persons who submit to the FAST procedure must also sign a Sponsor Rules of Professional Conduct.

We will review your application for compliance with applicable Texas Statutes and the Department's Administrative Rules. We will then contact you with information on the next step and additional forms required. Upon final approval of the application and selection for contract, the Motorcycle Safety Unit will secure a Rider Education Recognition Program (RERP) certification number from the Motorcycle Safety Foundation. This number is necessary when participating in the Motorcycle Dealer Loan Program and for obtaining training program insurance.

The completed application should be returned to:

Texas Department of Public Safety
Motorcycle Safety Unit
Attn: Program Director
PO Box 4087
Austin, Texas 78773-0257

If you have any questions or if we can be of any assistance please contact our office to speak to a Training Officer at (512) 424-2021 or (800) 292-5787.

MOTORCYCLE OPERATOR TRAINING PROGRAM
SPONSORSHIP APPLICATION

PART I. SPONSOR DATA

Sponsoring Organization Name: _____

VID #, SSAN, or Taxpayer ID #: _____

Chief School Official: _____
(Has Overall Program Responsibility)

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: _____

Fax Number: _____

Email Address: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Site Location (Range): _____

Site Location (Classroom):_____

Records Retention Address: _____

Course Enrollment Number: _____ Website:_____

Student may enroll: (Check one) ☐ Day ☐ Night ☐ Both

Do you want to be listed on Motorcycle Safety Foundation's (MSF) toll-free 800 number service?
(Provides for referral from a national hot line service) ☐ Yes ☐ No

Type of Organization: (Check One)

☐ High School ☐ Company Employee Training ☐ University/College
☐ Community/Technical College ☐ Motorcycle Club ☐ Motorcycle Dealer
☐ Safety Council ☐ Private Driving School ☐ Law Enforcement
☐ Civic Organization ☐ Other (name and describe)

Do you currently have a MSF Rider Education Recognition Program (RERP) number? ☐ Yes ☐ No

If yes, record the number here: _____

Have you ever had a RERP number canceled or revoked? ☐ Yes ☐ No

If yes, Why? _____

_____

PART II. RIDERCOACHES (Attach additional names/ID numbers on a separate sheet)

Name	MSF ID #

PART III. COURSE CONTENT

Check the course(s) you will be offering: ☐ Basic ☐ Advanced

Will you be adding materials to the approved curriculum? ☐ Yes ☐ No

If yes, submit a copy of all additions for approval.

PART IV. FACILITIES

A. Applicants must submit a detailed drawing of the range location and design. This drawing must show all fixed objects within 40 feet of the range. Photographs of the range area must accompany the application (contact our office for specific pictures required). If your program plans to have remote training sites, alternate range locations, or will be offering mobile courses, drawings and photographs of each range area that may be used must be submitted and approved prior to teaching any riding courses.

B. The next three questions deal with the range and associated potential problems and should be addressed by a Department approved RiderCoach. Indicate whom the RiderCoach was in the space provided below.

_____	_____	_____
RiderCoach Name	Signature	MSF ID #

1. Does the range conform to Department approved dimensions and design? ☐ Yes ☐ No
   - If no, show any and all deviations on the above mentioned detailed drawings.

2. Can the range be secured from pedestrian, animal, and vehicular traffic? ☐ Yes ☐ No

3. Is the surface of the range free of excessive (more than 5 degrees) slope, potholes, ruts, drainage ditches, metal plates, gratings, manhole covers or any other detriments that could interfere with safe motorcycle handling? ☐ Yes ☐ No
   - If not, indicate what and where on the above mentioned drawings and/or explain fully in a narrative attached to the drawing(s).

   NOTE: If the range is not under your direct physical control, a copy of a letter of agreement must be initiated between your organization and the property holder for its use. Provide a copy of that letter with this application.

4. Do you have, or have access to, a secure storage area to environmentally and physically protect training motorcycles (if used) and other course equipment from the weather? ☐ Yes ☐ No
   a. Is it mobile (i.e. enclosed trailer)? ☐ Yes ☐ No

(Part IV Continued)

5. Do you have access to a classroom that is large enough to seat all students and RiderCoaches comfortably and contains at least one adequate desk or equivalent seating and writing surface for each student, and at least one adequate RiderCoach's desk, table, or podium? ☐ Yes ☐ No
   a. Is it mobile? ☐ Yes ☐ No
   b. If it is not mobile, what is the distance from classroom to range? _____

   NOTE: If the classroom is not under your direct physical control, a copy of a letter of agreement must be initiated between your organization and the property holder for its use. Provide a copy of that letter with this application.

6. Do you have access to appropriate audiovisual equipment (VCR/Monitor and overhead projector/35 mm projector and screen) as well as chalkboard or equivalent? ☐ Yes ☐ No

PART V. COURSE ORGANIZATION (Check as appropriate)

1. Will Department approved RiderCoaches teach the courses? ☐ Yes ☐ No
2. Will students and RiderCoaches be required to wear proper protective gear whenever sitting on or riding a motorcycle? ☐ Yes ☐ No
3. Will the students, motorcycles, sponsor and RiderCoaches be adequately protected by insurance? ☐ Yes ☐ No
4. Will sponsor have adequate controls to store and account for the Department's Student Completion Cards and Certificates? ☐ Yes ☐ No
5. Will only students successfully completing the course be issued completion documentation? ☐ Yes ☐ No
6. Will the Department's completion documentation be issued? ☐ Yes ☐ No
7. Will class size and RiderCoach-to-student ratio meet the standards as outlined in the Administrative Rules? ☐ Yes ☐ No
8. Will courses be internally monitored to assure that RiderCoaches are following the guidelines and the educational and safety standards established for the curriculum? ☐ Yes ☐ No

   NOTE: Any proposed changes to the Department's approved curriculum and standards must be submitted to the Department prior to the effective date of such changes and not implemented unless approved in writing by the Department.

PART VI. PERSONAL INFORMATION FACT SHEET

The following information is required of the applicant and every member of the sponsoring organization with Supervisory or Executive Duties involving the training program. This document is necessary so the Department may conduct a criminal record investigation. Each person must also sign a Texas Sponsor Rules of Professional Conduct (RPC). **A separate Personal Information Fact Sheet (PIFS) and (RPC) must be submitted for each individual (make additional copies of this form as necessary).** Any questions answered "Yes" must be explained on a separate sheet of paper and attached to this fact sheet.

Name: _____

Address: _____

City State Zip: _____

Phone: _____ Email: _____

DOB: _____ TDL #: _____ Expires: _____

Title: _____

Organization Name: _____

Have you ever been convicted or placed on probation for:

1. a felony within the past ten years. ☐ Yes ☐ No
2. any offense involving moral turpitude within the past five years. ☐ Yes ☐ No
3. 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). _____

   _____

   _____

I certify that the personal information given is true and correct and I allow the Motorcycle Safety Unit of the Department of Public Safety to verify my driving and criminal histories.

_____ _____

Signature Date

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

I CERTIFY THAT THE INFORMATION IN PARTS I THROUGH VI OF THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. ANY CHANGES TO INFORMATION IN PARTS I AND II WILL BE REPORTED TO THE DEPARTMENT WITHIN 30 DAYS OF THE EFFECTIVE DATE OF SUCH CHANGE. ALL OTHER CHANGES WILL BE SUBMITTED AND APPROVED PRIOR TO IMPLEMENTATION.

_____ _____

SIGNATURE DATE

Upon approval of this application and receipt of a RERP number, the Department may enter into a contract authorizing the sponsor to offer motorcycle operator training courses. The contract may be suspended for any willful misstatement of information or for failure to report information in a timely manner.

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

Sponsors must adhere to all Department-approved standards and guidelines to maintain approval for teaching which can be found in the Administrative Guide. All Sponsors are required to:

1) Abide by Motorcycle Safety Foundation Rider Education Recognition Program Agreement.

2) Maintain standards of both classroom and riding area as required by Texas; Administrative Guide, Section II – 31.2.

3) Abide by department's approved MSF Basic RiderCourse schedules.

4) All persons with executive or supervisory duties must 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, Sponsor is responsible to notify the Motorcycle Safety Unit.

5) All persons with executive or supervisory duties must maintain a clean criminal record; Administrative Guide, Section II - 31.2 (2-4). In the event of any changes in the criminal record, Sponsor is responsible to notify the Motorcycle Safety Unit.

6) All persons representing the training program must be of good reputation, character, and moral conduct and deal honestly with members of the public; Administrative Guide, Section II – 31.2 (2i). The department has adopted the moral turpitude standards of the Texas State Board of Public Accountancy; Texas Administrative Code Title 22, Part 22, Chapter 519, Subchapter A, Rule 519.7.

7) Require all participants and RiderCoaches to wear full protective equipment whenever participating in the on-cycle portion; Administrative Guide, Section II - 31.6 (4).

8) Schedule RiderCoaches to teach no more than six students alone until approved by the department to teach eight students alone; Administrative Guide, Section II – 31.6 (3b,c).

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

10) Report all accidents, no matter how minor, to the department. An accident is any instance where anything other than the tires or side stand touches the ground or other object. Incident report forms must be completely and accurately filled out.

11) 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.

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

Printed Name	Company Name
Signature	Date

DPS Use Only (submit with application):

Application Received: _____

Sponsor name: _____

Submitted by: _____

Phone number: _____ Email: _____

Entered in Application tracking list: Date _____

Driving Record and Criminal History printed: Date _____

Given to Training Officer: Date _____

Application reviewed by Training Officer: Date _____

Given to Program Supervisor: Date _____

General notes/concerns on application: _____

_____

_____

_____

Digital Pictures Received Date: _____

MSF Forms Received Date: _____

Contract sent: Date _____

Added to MSU & LLL: Date _____

Save Print Form