

Texas Department of Public Safety Motorcycle Safety Unit

Texas Commission on Law Enforcement (TCOLE) Field Training Report

This section to be completed by student; must show Dept issued ID card with PID number:

PID _____ AND LAST 4 SS# _____

Last Name _____ First Name _____ M.I. _____

D.O.B. _____ Gender Male Female

Agency Name _____

Type 1 - Commissioned LEO 2 - Reserve Officer 3 - Telecommunications
 4 - Elected, not licensed 5 - County Jailer 6 - Non-Commissioned

Student Signature _____

This section to be completed by Sponsor. Sponsor below verifies student was evaluated in a physical activity.

Course Type:

Basic (16)

Intermediate (8)

Advanced(4)

Advanced(8)

ATV

BRC

TCIRC

BRC2

ARC

ATVRC (4)

3WBRC

BBBRC

MSRC

ATVLE (12)

UBBRC

TCARC

Sponsor Name _____

Course City _____

Contact Number _____

MSB-8(O)# _____

Course Beginning Date _____

Ending Date _____

RiderCoach Name _____

RiderCoach Number _____

This report must be submitted within 48 hours of course completion to:

Texas Department of Public Safety
Motorcycle/ATV Safety Unit
[E-Mail: motorcycle.safety@dps.texas.gov](mailto:motorcycle.safety@dps.texas.gov)