



Thank you for your interest in becoming an MSF-certified RiderCoach. Please complete the application (type or print) neatly and accurately. Once completed, ensure the state program administrator has reviewed it; otherwise you may forward it to MSF.

**PERSONAL**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Are you 18 years of age or older?  Yes  No  Male  Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**MILITARY (if active duty)**

Air force  Army  Marines  Navy  Coast Guard Rank \_\_\_\_\_

DSN Number \_\_\_\_\_ Commercial Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

**EDUCATION**

High School or GED  Yes  No College/University Graduate  Yes  No If Yes, Major \_\_\_\_\_

List other educational institutions you attended or any specialized training you have received. Be sure to identify any certificates or advanced degrees. \_\_\_\_\_

**MOTORCYCLE EXPERIENCE (include most current driving record)**

Motorcycle Operator's License # \_\_\_\_\_ State \_\_\_\_\_ Driving record attached  Yes  No

How many years have you had a motorcycle license or endorsement? \_\_\_\_\_

Have you ever had your license revoked or suspended?  Yes  No If yes, Explain \_\_\_\_\_

Do you currently ride a motorcycle?  Yes  No How many years have you been a motorcyclist? \_\_\_\_\_

What type of riding do you currently do? \_\_\_\_\_

What type of motorcycle/s do you own? \_\_\_\_\_

Have you completed any of the following motorcycle safety courses?

- MRC: RSS  Yes  No If yes, when? \_\_\_\_\_
- BRC  Yes  No If yes, when? \_\_\_\_\_
- ERC  Yes  No If yes, when? \_\_\_\_\_

Other \_\_\_\_\_  
(describe)

**INTEREST IN BEING A RIDERCOACH**

Describe in detail why you want to become an MSF-certified RiderCoach.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of any other teaching experience \_\_\_\_\_  
\_\_\_\_\_



**CHARACTER**

Have you been convicted of (including a plea of guilty or no contest) a felony, or serious misdemeanor, other than a minor traffic violation?  Yes  No

Have you been convicted of (including a plea of guilty or no contest) driving under the influence?  Yes  No

Are you now undergoing, or have you undergone treatment during the last five (5) years for the use of drugs, narcotics or excessive alcohol use?  Yes  No

Do you have any medical condition that requires accommodation or that would otherwise impair your ability to safely perform the duties of a RiderCoach?  Yes  No

If yes to any of the above, please state the facts fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSORSHIP**

Are you being sponsored for this course?  Yes  No If yes, by whom? \_\_\_\_\_

What assistance will your sponsor provide? \_\_\_\_\_

What obligations are you subject to for this sponsorship? \_\_\_\_\_

Where will you teach rider training after graduation? \_\_\_\_\_

**STATEMENT AND ACKNOWLEDGEMENTS**

Please read this section carefully and ask any questions *before* you sign.

I certify that I have read this RiderCoach Preparation Candidate Application in its entirety, and the information contained herein is true and correct. I understand and agree that all such information is material to my prospective acceptance. I have withheld nothing that would, if disclosed, affect this application unfavorably. I acknowledge that this application will be active for 60 days, after which time, I must reapply for further consideration. 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 RiderCoach Certification.

If you have any questions regarding this agreement, please ask a representative of the MSF before signing.

**I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Remit your application to:

**Motorcycle Safety Foundation  
Attn: CMSP  
2 Jenner Street, Suite 150, Irvine, CA 92618-3806**

**CMSP MSF RiderCoach Preparation Candidate Prerequisite Check List,  
and DMV Record must accompany this document.**



**CMSP MSF RiderCoach Preparation Candidate Prerequisite Check List**

MSF Basic *RiderCourse* Completion Date: \_\_\_\_\_

Knowledge Test Score: \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills Evaluation Score: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed "Shadowing" Range and Classroom Sessions:

Session 1 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lessons Observed: \_\_\_\_\_

RC Name and Signature: \_\_\_\_\_

Session 2 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lessons Observed: \_\_\_\_\_

RC Name and Signature: \_\_\_\_\_

Classroom Observation Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

RC Signature: \_\_\_\_\_

Oral Review of BRC Range Cards (presentation ability): \_\_\_\_\_

First Aid Training Complete: \_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

CPR Training Complete: \_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Aid/CPR Training Verified by (RC#): \_\_\_\_\_

DMV Record Obtained (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

CA DOJ Live Scan Form Provided (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Site Manager or Site Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CMSP MSF RiderCoach Preparation Application, DMV Record must accompany this document.**