

INSTRUCTOR APPLICATION: Motorcycle Skills Test Waiver Program

Section A – The undersigned applies for authority to grant motorcycle skills test waivers to persons who have completed a certification course in motorcycle safety approved by the Wisconsin Department of Transportation.

Application Type <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement		WisDOT Instructor Number		Application Date (mm/dd/yyyy)	
Instructor Name		MSF RiderCoach Number		MSF Expiration Date	
Address		City		State	ZIP Code
Driver License Number		Birth Date (mm/dd/yyyy)			
Phone Number		Email Address			

List location and date of most recent RiderCoach Prep

List a minimum of 8 hours of rider education related professional development activities sponsored or approved by WMSP within the last 3 years:

Activity:	Location:	Date:
Activity:	Location:	Date:
Activity:	Location:	Date:
Activity:	Location:	Date:

Section B – The undersigned applies for the authority to be a WisDOT licensed RiderCoach. I certify that I have not:

1. Accumulated more than 6 demerit points under WI Stat. 343.32 (2) during a one-year period [Trans 129.10(3)(a)];
2. Been involved in two or more accidents in the preceding year and the accident report indicates that the person may have been causally negligent. [Trans 129.10(3)(b)];
3. Had my operator's license revoked or suspended for a traffic violation other than a parking violation, failure to pay forfeiture or other debt of any type, at any time during the preceding year. [Trans 129.10(3)(c)].

The undersigned certifies that I have not been convicted of any criminal or traffic offense except as follows:

Date of Offense:	Date of Conviction:	Charge:	Describe Offense:

Section C – Indicate which schools/organizations have authorized you to provide instruction as a RiderCoach:

WisDOT Site Number:	Site Name and Location:

1. I request the required license necessary to be a WisDOT RiderCoach to participate in the Motorcycle Skills Test Waiver Program as authorized by s.343.16 (2)(cm) Wis. Stats and interpreted in Trans 129, Wis. Admin. Code.
2. I agree to conform to all provisions of Trans 129.
3. I certify that the information given above is correct to the best of my knowledge.

Type name and date here: _____