

MSF-Certified RiderCoach Candidate (RCC) Application



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

Address _____

City/State/Zip Code _____

Employer _____ Occupation _____

Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____ Email: _____

MILITARY (if active duty)

Air force Army Marines Navy Coast Guard

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? _____
BRC2 (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? Learn 2 Ride, Inc.

What assistance will your sponsor provide? Preparation for the RCP

What obligations are you subject to for this sponsorship? None

Where will you teach rider training after graduation? Learn 2 Ride, Inc. Rochester New York

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 _____

Return to: Learn 2 Ride, Inc.
1900 Empire Blvd # 236
Webster NY 14580

Or Scan and email to: Learn2ride.ridertraining@gmail.com

MSF RC Candidate Prerequisite Check List must accompany this document



Name: _____

NYSMSP MSF RiderCoach Preparation Candidate Prerequisite Check List

MSF Basic *RiderCourse* Completion Date: _____
MUST BE WITHIN 6 MONTHS OF THE START OF THE RCP

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): _____

- DMV drivers license abstract attached
- Copy of High School Diploma or equivalent attached

Site Manager or Site Administrator Signature: _____

Date: ____/____/____

<p>NYSMSP OFFICE USE ONLY</p> <p><input type="checkbox"/> MSF BRC RiderCoach Guide mailed Date: ____/____/____ by: _____</p> <p><input type="checkbox"/> RCP Pre-course assignment mailed Date: ____/____/____ by: _____</p>	
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