



Department of the Secretary of State
Bureau of Motor Vehicles

MOTORCYCLE RIDER EDUCATION PROGRAM
INSTRUCTOR LICENSE APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Tele. #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Mailing address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

School Affiliated with: \_\_\_\_\_ School Tel# \_\_\_\_\_

Email Address: \_\_\_\_\_

- 1. Have you completed a Motorcycle Instructor Preparation Course for the 8 hour MMSEC course?
2. Are you certified to teach the BRC by the Motorcycle Safety Foundation?
3. Do you have a high school diploma or GED equivalent?
4. Have you completed a Basic First Aid Course?
5. Do you possess a valid Maine operator's license?
6. Have you held a Motorcycle Endorsement for at least four years?
7. Have you ever been convicted of a criminal offense in the State of Maine or any other state or province?
8. Have you completed an Experienced Rider Course (ERC) in the past 3 years?

9. (a) Are there any proceedings now pending relative to any suspension or revocation of your operator's license? \_\_\_\_\_ If yes, give details:  
Yes No

(b) Are there any proceedings now pending relative to any criminal offense? \_\_\_\_\_ Yes No

If yes, give details:

10. Check  any conditions below to which you are or have been subject to:

- |  |   |
|--|---|
| <input type="checkbox"/> epilepsy/seizures               | <input type="checkbox"/> heart trouble                      |
| <input type="checkbox"/> blackouts/loss of consciousness | <input type="checkbox"/> diabetes                           |
| <input type="checkbox"/> stroke/shock                    | <input type="checkbox"/> Parkinson's disease                |
| <input type="checkbox"/> mental/emotional                | <input type="checkbox"/> paralysis                          |
| <input type="checkbox"/> limb amputation                 | <input type="checkbox"/> other disability...(explain below) |

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**Note:** If you checked any box in question 10, please submit a medical evaluation form (CR-24 ) together with your completed application. Call 624-9156 if you need this form.

I am applying for instructor certification in order to offer instruction related to the operation of motorcycles and motor driven cycles in Maine. I certify that the information contained herein is true. I agree that any misstatement on this application shall be grounds for suspension, revocation or denial of my instructor certification.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

This application must be accompanied by a \$100.00 instructor license fee and \$15.00 to cover the fee for the criminal background check. Make the check or money order payable to the Secretary of State or complete the credit card info below. MSF certified instructors must file copies of certification along with this application.

If you are paying by credit card and would like to fax your completed application to us, the fax number is 624-9158.

I would like to pay my license fee by charging it to my:

- Visa
- Mastercard

The amount to be charged to my credit card is:

- \$100.00 Application Fee
- \$15.00 Criminal background fee if applicable

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Month/Year

Your address that you receive your credit/debit card statement at: \_\_\_\_\_  
\_\_\_\_\_

Name as it appears on the credit card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ This transaction cannot be processed without the cardholders signature.

Daytime telephone number of cardholder \_\_\_\_\_