



Department of the Secretary of State
Bureau of Motor Vehicles

MOTORCYCLE RIDER EDUCATION
SITE/RANGE APPLICATION

New Renewal Site #

Site Name: _____

Mailing Address: _____
(RR #, PO Box or Street Address)

(City) (State) (Zip Code) (County)

Office Telephone #: _____ Website: _____

Contact Person: _____ Email: _____

Home Telephone #: _____ Cell#: _____

Is this location already licensed for driver education use? _____
If yes, you do not need to resubmit city and fire approval.

Indicate each classroom address and location:

1. _____ Lic# _____ 2. _____ Lic# _____

3. _____ Lic# _____ 4. _____ Lic# _____

Indicate each range address and location (if different from classroom):

1. _____ Lic# _____ 2. _____ Lic# _____

3. _____ Lic# _____ 4. _____ Lic# _____

Do you currently have an MSF RERP number (for range sites only)? If yes, what is the number?
