



Please check appropriate box.

- |   |
|---|
| <input type="checkbox"/> Initial Application- Fee \$100.00 + \$21 criminal record fee |
| <input type="checkbox"/> Renewal Application- Fee \$100.00 + \$21 criminal record fee |

| INSTRUCTOR INFORMATION  |               |                      |       |                    |                      |
|---|---------------|----------------------|-------|--------------------|----------------------|
| <b>FULL LEGAL NAME</b> (LAST)   |               | (FIRST)              | (MI)  | (SUFFIX)           | <b>DATE OF BIRTH</b> |
| <b>HOME ADDRESS</b>   |               | STREET               | CITY  | STATE              | ZIP CODE COUNTY      |
| <b>MAILING ADDRESS</b> (if different from above)  |               | CITY                 | STATE | ZIP CODE           |                      |
| <b>HOME TELEPHONE #</b>   | <b>CELL #</b> | <b>EMAIL ADDRESS</b> |       |                    |                      |
| <p><i>Do you authorize the Bureau of Motor Vehicles to disclose your name, mailing address, and email address with driver education professional organizations and driver education related product vendors?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</i></p>   |               |                      |       |                    |                      |
| RIDING SCHOOL INFORMATION   |               |                      |       |                    |                      |
| NAME OF RIDING SCHOOL WHERE EMPLOYED  |               |                      |       | SCHOOL TELEPHONE # |                      |
| NAME OF RIDING SCHOOL WHERE EMPLOYED  |               |                      |       | SCHOOL TELEPHONE # |                      |
| INSTRUCTOR QUALIFICATIONS AND REQUIREMENTS  |               |                      |       |                    |                      |
| <p>Note: If not previously licensed, proof of high school graduation or GED, copy of a RiderCoach Preparation course certificate, copy of your MSF RiderCoach card and a valid first aid card must accompany this application.</p> <p>1. Do you hold a valid driver's license?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> <b>If you hold an out of state driver's license, please submit a current 6 year driving record from that state showing the date you obtained your motorcycle endorsement.</b></p> <p>2. Have you held a motorcycle endorsement for at least two years?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>3. Have you ever been convicted of a crime, other than a traffic offense, in Maine or any other state or province?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> <b>(If you hold an out of state driver's license, please submit a criminal record from that state.)</b><br/> If yes, please list date, type and location of violation _____</p> <p>4. Is there any proceeding now pending relative to any suspension, revocation or violation listed in question 3 above?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> If yes, please explain _____</p> |               |                      |       |                    |                      |
| INSTRUCTOR MEDICAL INFORMATION  |               |                      |       |                    |                      |
| <p>Do you have any of the following medical conditions?</p> <p><input type="checkbox"/> Blackouts/Loss of Consciousness    <input type="checkbox"/> Musculoskeletal/Neurological    <input type="checkbox"/> Substance Use Disorder    <input type="checkbox"/> Dementia</p> <p><input type="checkbox"/> Heart trouble    <input type="checkbox"/> Hypoglycemia    <input type="checkbox"/> Limb Amputation    <input type="checkbox"/> Mental Disorder</p> <p><input type="checkbox"/> Multiple Sclerosis    <input type="checkbox"/> Narcolepsy    <input type="checkbox"/> Parkinson's    <input type="checkbox"/> Seizures/Epilepsy</p> <p><input type="checkbox"/> Sleep Apnea    <input type="checkbox"/> Spinal Cord Injury    <input type="checkbox"/> Stroke/Brain Injury    <input type="checkbox"/> Chronic Lung Disease</p> <p><input type="checkbox"/> Other conditions affecting your ability to safely operate a motor vehicle _____</p>   |               |                      |       |                    |                      |
| INSTRUCTOR CERTIFICATION  |               |                      |       |                    |                      |
| <p>I am applying for an instructor license in order to offer instruction related to the operation of motorcycles in Maine. I understand that knowingly supplying false information on this form is a Class D crime and that any false information will result in the suspension or revocation of any license issued to me. I certify that the information contained herein is true.</p> <p>_____<br/>Signature of Applicant</p> <p>_____<br/>Date of Application</p>  |               |                      |       |                    |                      |

## **APPLICATION INFORMATION AND INSTRUCTIONS**

### **Rider Education Instructor License Info**

- ❖ A Basic RiderCourse Instructor license authorizes a person to teach the 15 hour hands-on Basic RiderCourse (BRC) which includes; 5 hours of classroom instruction and 10 hours of hands-on riding exercises, in a controlled off- street environment.

**Find the section below that applies to the license for which you are applying. Submit all required documents with completed application.**

#### **✓ An initial instructor license applicant**

- ❖ Check/money order made payable to the Secretary of State or complete credit/debit section on page 2.
- ❖ Copy of high school diploma or equivalent.
- ❖ Copy of valid first aid card.
- ❖ Copy of certificate from a RiderCoach Preparation course and a copy of your MSF RiderCoach card.
- ❖ CR-24 Medical Evaluation form if you checked off anything in the Instructor Medical Information section on page 1.
- ❖ If you do not hold a Maine driver's license you must submit a current copy of a 6 year driving record from the state you hold a valid driver's license that shows the date you obtained your motorcycle endorsement.
- ❖ If you hold an out of state driver's license please submit a current copy of your criminal background from that state. (Record must show at least the previous 10 years)

#### **✓ A renewal instructor license applicant**

- ❖ Check/money order made payable to the Secretary of State or complete credit/debit section on page 2.
- ❖ Copy of current MSF certification if you are a Basic RiderCourse Instructor. (Every 2 years following initial application.)
- ❖ CR-24 Medical Evaluation form if you checked off anything in the Instructor Medical Information section on page 1.
- ❖ If you do not hold a Maine driver's license you must submit a current copy of a 6 year driving record from the state you hold a valid driver's license.
- ❖ If you hold an out of state driver's license please submit a current copy of your criminal background from that state. (Record must show at least the previous 10 years)

**If you have any questions regarding requirements or the application process, please call the Motorcycle Safety Program at 624- 9000 ext. 52128.**

Your application will be reviewed by the Bureau of Motor Vehicles, Rider Education Program to determine whether you meet the licensing requirements. If your application is approved, you will be issued a rider education instructor license which will be mailed to you. Your license will expire one year from the date it is issued. Teaching rider education without a valid license is a Class E crime.

Once you are issued a Rider Education Instructor License it is your responsibility to notify the Bureau of Motor Vehicles, Motorcycle Safety Program in writing of any change in information on the instructor license application (e.g., change of name, address, phone number, driving record, criminal record and health). All correspondence and renewal notices will be sent to licensee's last known address on file with the Bureau of Motor Vehicles, Motorcycle Safety Program.

Please mail the application, fee and all required documents to the address below:

**Secretary of State  
BMV-Motorcycle Safety Program  
#29 State House Station  
Augusta, Maine 04333**

**Or fax to: 207-624-9158. Please confirm fax receipt by calling 207-624-9000 ext. 52128**



**Maine Bureau of Motor Vehicles  
Motorcycle Safety Program**

**Rider Education Instructor License Application**



| INSTRUCTOR INFORMATION  |        |         |      |          |                      |
|---|--------|---------|------|----------|----------------------|
| <b>FULL LEGAL NAME</b>  | (LAST) | (FIRST) | (MI) | (SUFFIX) | <b>DATE OF BIRTH</b> |
| PAYMENT INFORMATION   |        |         |      |          |                      |
| Please make your check or money order payable to the Secretary of State and mail; application, fee and all required documents to the address on page 2. |        |         |      |          |                      |
| If you choose to pay by credit/debit card please complete this section:      Amount to be charged to card_____  |        |         |      |          |                      |
| Credit/Debit Number_____      Expiration Date_____  |        |         |      |          |                      |
| Name as it appears on credit/debit card_____      Signature_____  |        |         |      |          |                      |