



Department of the Secretary of State
Bureau of Motor Vehicles

Exp. _____

**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: _____

Would you like us to share your contact information with professional organizations or other driver education related entities on a limited basis only? Yes _____ No _____

1. Have you completed a Motorcycle Instructor Preparation Course for the 8 hour MMSEC course?
_____ If yes, please submit copy of certificate. Not needed for renewal.
Yes No

2. Are you certified to teach the BRC by the Motorcycle Safety Foundation? _____
If yes, please submit copy of certificate. Not needed for renewal. Yes No

3. Do you have a high school diploma or GED equivalent? _____ Submit copy of diploma. Not needed
for renewal. Yes No

4. Have you completed a Basic First Aid Course? _____ If yes, submit certificate.
Yes No

5. Do you possess a valid Maine operator's license? _____ If no, what State. _____
Yes No

6. Have you held a Motorcycle Endorsement for at least four years? _____
Yes No

If you hold an out of state license, please submit driving record from that state showing the year that you obtained your motorcycle endorsement.

7. Have you ever been convicted of a criminal offense in the State of Maine or any other state or province? _____
Yes No
If yes, give details: _____

8. Have you completed an Experienced Rider Course (ERC) in the past 3 years? _____
If so, please submit a copy of your certificate. Yes No
Not required for initial application.

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

(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) |

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 \$21.00 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
- \$21.00 Criminal background fee if applicable

Credit Card Number _____ Expiration Date _____
Month/Year

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 _____