

# MSF-Certified CMSP RiderCoach Candidate (RCC) Application

This application is for licensed motorcyclists desiring to become an MSF-certified RiderCoach. A completed application should be sent to a state program administrator, an MSF-certified RiderCoach Trainer or MSF.

Please complete the following information: (type or print)

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## PERSONAL

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Are you 18 years of age or older?  Yes  No  Male  Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Motorcycle Operator's License # \_\_\_\_\_ State \_\_\_\_\_

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## MILITARY (If active, complete the following):

Air force  Army  Marines  Navy  Coast Guard Rank \_\_\_\_\_

DSN Number \_\_\_\_\_ Extension \_\_\_\_\_ Commercial Number \_\_\_\_\_ Extension \_\_\_\_\_

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## 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.  
\_\_\_\_\_  
\_\_\_\_\_

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## MOTORCYCLE EXPERIENCE (Please include a copy of your official current driving record)

Do you currently ride a motorcycle?  Yes  No How many years have you been a motorcyclist? \_\_\_\_\_

How many years have you had a motorcycle license or endorsement? \_\_\_\_\_

Have you ever had your license revoked or suspended?  Yes  No

If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Why? \_\_\_\_\_

What type of motorcycle/s do you own? \_\_\_\_\_

What type of riding do you currently do? (*describe*) \_\_\_\_\_

Have you completed any of the following motorcycle safety courses?

MRC:RSS  Yes  No If yes, when? \_\_\_\_\_

ERC  Yes  No If yes, when? \_\_\_\_\_

BRC  Yes  No If yes, when? \_\_\_\_\_

ERC Suite  Yes  No If yes, when? \_\_\_\_\_

Other \_\_\_\_\_  
(*describe*)

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**EXPERIENCE**

Describe in detail why you want to become an MSF-certified RiderCoach.

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Give a brief description of any other teaching experience

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**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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SPONSORSHIP**

Are you being sponsored for this course?    Yes    No   (ALL applicants must be sponsored by a CMSP Training Site)

If yes, by whom? \_\_\_\_\_

What assistance will your sponsor provide? \_\_\_\_\_

Where will you teach rider training after graduation? \_\_\_\_\_

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**ACKNOWLEDGEMENTS**

I certify that I have read this RiderCoach Preparation Candidate Application in its entirety, and the information contained herein is true and correct and that I have not omitted any relevant information. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ (Initial) **I have included a copy of my official current driving record.**

# CMSP RiderCoach Preparation Candidate Prerequisite Check List

Must be submitted with CMSP RiderCoach Preparation Candidate Application

MSF Basic *RiderCourse* Completion Date: \_\_\_\_\_

Knowledge Test Score: \_\_\_\_\_ Skills Evaluation Score: \_\_\_\_\_

Completed "Shadowing" Range and Classroom Sessions: \_\_\_\_\_

Session 1 Date: \_\_\_\_\_ Lessons Observed: \_\_\_\_\_

Notes: \_\_\_\_\_

RC Signature: \_\_\_\_\_

Session 2 Date: \_\_\_\_\_ Lessons Observed: \_\_\_\_\_

Notes: \_\_\_\_\_

RC Signature: \_\_\_\_\_

Classroom Observation Date(s): \_\_\_\_\_

Notes: \_\_\_\_\_

RC Signature: \_\_\_\_\_

Verbal Review of BRC Range Cards (presentation ability): \_\_\_\_\_

First Aid Training Complete: \_\_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

CPR Training Complete: \_\_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Aid / CPR Training Verified by (RC#): \_\_\_\_\_

DMV Record obtained on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Site Manager or  
Site Administrator Signature: \_\_\_\_\_

CMSP RiderCoach Preparation Candidate Applications must be accompanied by this document