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| **INSTRUCTOR APPLICATION** Motorcycle Skills Test Waiver Program MV3574 5/2018 Ch. 343.16 Wis. Stats. | Return to: [MotorcycleSafety@dot.wi.gov](mailto:MotorcycleSafety@dot.wi.gov) |  |
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| **Section A – Application for Skills Test Waiver Authorization**  The undersigned applies for authority to grant motorcycle skills test waivers to persons who have completed a class in motorcycle safety approved by the Wisconsin Department of Transportation. | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type  Original  Renewal  Change  Reinstatement | | | | | | | | | | | | | | WisDOT RiderCoach Number | | | | | | | Application Date (m/d/yyyy) | | | |
| Instructor Name | | | | | | | | | | | | | | Employed by WisDOT  Yes  No | | | Division/Bureau | | | | | | | |
| Address | | | | | | | | | | | | City | | | | | | | | | State | | ZIP Code | |
| Special Mailing Address (if different from above) | | | | | | | | | | | | City | | | | | | | | | State | | ZIP Code | |
| Driver License Number | | | | | | | | | | | | | | | | Birth Date (m/d/yyyy) | | | MSF Instructor Expiration Date | | | | | |
| (Area Code) Telephone Number – Primary | | | | | | (Area Code) Telephone Number – Work | | | | | | | | | | Email Address | | | | | | | | |
| YES NO | Have you completed a WisDOT/WMSP approved instructor preparation course or a substantially similar course approved by MSF or another jurisdiction? If yes, list location and date. | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | | | | | | | | | | | | | | | | | | | | Date: | | | |
| YES NO | Have you completed a minimum of 8 to 12 hours of motorcycle rider education related professional development activity sponsored or approved by the WisDOT/WMSP within the last 3 years? | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | | | | | | | | Location: | | | | | | | | | | | | Date: | | | |
| **Section B – Application for WisDOT Motorcycle Instructor Application**  The undersigned applies for the authority to be a WisDOT licensed Motorcycle Instructor. I certify that I have not:   * + - 1. Accumulated more than 6 demerit points under WI Stat. 343.32 (2) during a one-year period [Trans 129.10(3)(a)];       2. Been involved in two or more accidents in the preceding year and the accident report indicates that the person may have been causally negligent. [Trans 129.10(3)(b)];       3. Had my operator’s license revoked or suspended for a traffic violation other than a parking violation, failure to pay forfeiture or other debt of any type, at any time during the preceding year. [Trans 129.10(3)(c)]. | | | | | | | | | | | | | | | | | | | | | | | | |
| **The undersigned certifies that I have not been convicted of any criminal or traffic offense except as follows:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Offense | | Date of Conviction | | | Charge | | | | | | | | | | Describe Offense | | | | | | | | | |
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| **Section C –**1. Indicate which courses you are WMSP and MSF approved to instruct on the second page of the application.  2. Indicate which school/organization at which you have been hired to instruct at below. Thoroughly fill out the information  to ensure you receive an accurate license. | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Number | | | Organization Name and Address | | | | | | | | | | | | | | | | | | | | | |
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| 1. I request the required licensure necessary to be a licensed WisDOT Motorcycle Instructor, participate in the Motorcycle Skills Test Waiver Program as authorized by s.343.16 (2)(cm) Wis. Stats and interpreted in Trans 129, Wis. Admin. Code. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. I agree to conform to all provisions of Trans 129. 2. I certify that the information given above is correct to the best of my knowledge. | | | | | | |  | **X** | | | | | | | | | | | | | | | |
|  | (Applicant Signature) | | | | | | | | | | | | (Date – m/d/yyyy) | | | |
| **The Section Below Is To Be Completed By Sponsoring School/Organization.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer – Name and Address of School/Organization | | | | | | | | | |  | School Certification Number | | | | | | | | | | | | | |
|  | Owner/Manager/Coordinator (Print Name) | | | | | | | | | | | | | |
| **X** | | | | | | | | | | | | | |
|  | (Owner/Manager/Coordinator Signature) | | | | | | | | | | | (Date – m/d/yyyy) | | |
| Section A approved by WMSP: | | | | Section B approved by WMSP: | | | | | | | | | Instructor Number: | | | | | Instructor Expiration Date | | | | | | |
| Background Check Completed by DSP on: Initials:  Inquiry  Pars  NAR SOR CCAP  Portal | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Please indicate which courses you are MSF approved to instruct and complete the correlating information** | | | | | |
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|  | **BRC**  Basic Rider Course | | Location and Date of where and when you were approved to instruct **BRC**: | | |
| Location: | Date: | |
| YES | NO | Have you taught 3 or more **BRC** in the past 3 years? If yes, list **locations** (name of school and city) and **dates**. | | |
| Location: | | Date: |
| Location: | | Date: |
| Location: | | Date: |
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| **3WBRC**  3 Wheel Basic Rider Course | | Location and Date of where and when you were approved to instruct **3WBRC**: | | |
| Location: | Date: | |
| YES | NO | Have you taught 3 or more **3WBRC** in the past 3 years? If yes, list **locations** (name of school and city) and **dates**. | | |
| Location: | | Date: |
| Location: | | Date: |
| Location: | | Date: |
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| **BRC 2**  Basic Rider Course | | Location and Date of where and when you were approved to instruct  **BRC 2**: | | |
| Location: | Date: | |
| YES | NO | Have you taught 3 or more **BRC 2** in the past 3 years? If yes, list **locations** (name of school and city) and **dates**. | | |
| Location: | | Date: |
| Location: | | Date: |
| Location: | | Date: |
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