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| **INSTRUCTOR APPLICATION**Motorcycle Skills Test Waiver ProgramMV3574 5/2018 Ch. 343.16 Wis. Stats. | Return to: 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 |
|       |       |       |       |
|       |       |       |       |
| **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.
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| 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:       |
|   |
| **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:       |
|  |
| **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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