

MOTORCYCLE OHIO INSTRUCTOR APPLICATION



<input type="checkbox"/> ORIGINAL		<input type="checkbox"/> CHANGE OF STATUS	
<input type="checkbox"/> APPROVED		<input type="checkbox"/> REJECTED REASON WHY REJECTED:	
LAST NAME		FIRST NAME	
ADDRESS		CITY	
STATE		MIDDLE NAME	
ZIP CODE		COUNTY	
PHONE NUMBER ()		FAX NUMBER ()	
DATE OF BIRTH		DRIVERS LICENSE NUMBER	
SEX			
E-MAIL ADDRESS		CELL PHONE NUMBER	
Have you had a valid motorcycle endorsement for the past three consecutive years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently a Motorcycle Safety Foundation (MSF) Instructor?		<input type="checkbox"/> YES MSF# <input type="checkbox"/> NO	
EDUCATIONAL BACKGROUND <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Specialized Training:			
Are you currently certified for the following and hold a card from a National Training agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CPR (Provide Copy with Date) <input type="checkbox"/> First Aid (Provide Copy with Date)			
Have you successfully completed the Basic Rider Course (BRC) within the past two years of this application?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If so please list the location and date of completion (new applicants only). Location: _____ Date: _____			
Have you been an Instructor with another state?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of State and/or Program: _____			
IF YES, NAME OF PREVIOUS PROGRAM COORDINATOR		PHONE NUMBER	
I currently own and ride a motorcycle <input type="checkbox"/> YES <input type="checkbox"/> NO List one motorcycle you own and ride: _____			
Do you engage in the illegal use of controlled substances, alcohol, or other habit-forming drugs or chemical substances? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Traffic Citations: List all traffic citations, license cancellations, and license suspensions you received in the past three years. Attach an additional form if more lines are needed. If none, write "None".			
DATE	DESCRIBE VIOLATION; GIVE CAUSE FOR LICENSE CANCELLATION OR SUSPENSION	CONVICTION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Criminal Record: List all past criminal convictions or treatment in lieu of convictions. Attach an additional form if more lines are needed. If none, write "None".			
DATE	DESCRIBE VIOLATION; GIVE CAUSE FOR LICENSE CANCELLATION OR SUSPENSION	CONVICTION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I hereby certify I am the applicant for a motorcycle training instructor license in accordance with Chapter 4501-53 of the Ohio Administrative Code and I fully understand and will adhere to the applicable provisions of the Ohio Revised Code, Chapter 4508, and the Ohio Administrative Code, Chapter 4501-53. I certify the information in this application is true and complete to the best of my knowledge. I understand any falsification of this document may be cause for rejection of this application or revocation of any license issued hereunder. I certify I am in sound physical and mental health; I have no injury nor physical or mental impairment that may affect my ability to manage, train, or ride a motorcycle; and I am not under the influence of any drug or medicine that may affect my ability to ride a motorcycle or to effectively and safely instruct students or manage training.			
SIGNATURE OF APPLICANT X		DATE	

The applicant for becoming a Motorcycle Ohio Instructor shall complete this form. If the applicant meets the qualifications to be a Motorcycle Ohio instructor under Chapter 4501-53 of the Ohio Administrative Code, a certificate will be issued.

ORIGINAL APPLICATION QUALIFICATIONS:

1. No applicant shall submit an application that contains false or misleading information.
2. Possesses a high school diploma or GED;
3. Possesses a current Red Cross first aid card or equivalent and a current Red Cross CPR card or equivalent;
4. Is a current and experienced motorcycle operator, licensed for at least three years with a valid operator's license and motorcycle endorsement;
5. Has a driving record free of any of the following:
 - (a) Three or more chargeable crashes within the three years preceding the date of application;
 - (b) Three or more moving violation convictions under Chapter 4511 of the Revised Code, or equivalent convictions from another jurisdiction, within the three years preceding the date of application;
 - (c) An accumulation of no more than five points under Chapter 4507 of the Revised Code, or equivalent action from another jurisdiction, within the three years preceding the date of application;
 - (d) A twelve-point administrative action under section 4507.021 of the Revised Code, or equivalent action from another jurisdiction, within the ten years preceding the date of application;
 - (e) Out of state applicants must provide a driving abstract with application.
6. Successfully completes an instructor preparation course approved by the director;
7. Successfully completes the BRC within the current or preceding calendar year in which the instructor preparation course is being offered;
8. Upon request, submits a criminal abstract provided by the bureau of criminal identification and investigation and dated by the bureau of criminal identification and investigation
9. Has not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment in lieu of conviction for, any of the following:
 - (a) Any felony;
 - (b) A misdemeanor involving moral turpitude;
 - (c) An accumulation of no more than five points under Chapter 4511 of the Revised Code, or equivalent action from another jurisdiction, within the three years preceding the date of application;
 - (d) A violation of any federal, state, county, or municipal narcotics law;
 - (e) Any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph.
10. Has not been adjudicated mentally incompetent by a court of law;
11. Does not engage in the illegal use of controlled substances, alcohol, or other habit-forming drugs or chemical substances;
12. Has not committed fraud or material deception in applying for, or obtaining, a certificate issued under this chapter;
13. Provide an original signed statement from the applicant's physician, on the physician's letterhead, certifying that the applicant is mentally and physically capable of providing motorcycle safety instruction.

CHANGE OF STATUS

Use this form to change any certificate information occurring during the certificated year. This can include, but is not limited to, change of address, traffic convictions, chargeable crashes, or criminal convictions.

1. Complete name
2. Mark the appropriate "change of status" block.
3. Complete ONLY any information that has changed since last application.
4. Sign and date the form.

Mail completed applications to (preferred method):

Ohio Department of Public Safety
ATTN: Motorcycle Ohio
P.O. Box 182081
Columbus, Ohio 43218-2081

www.motorcycle.ohio.gov