

OHIO DEPARTMENT OF PUBLIC SAFETY  
MOTORCYCLE PROVIDER APPLICATION

<input type="checkbox"/> Original		<input type="checkbox"/> Renewal		<input type="checkbox"/> Change		<input type="checkbox"/> Approved		<input type="checkbox"/> Rejected	
Reason why rejected:									
Business/Organization Name: (Enter the EXACT name you use (or will use) for advertising.									
Business Mailing Address: List the complete address where mail will be sent for your training activities.									
Street									
City:					County:				
State		Zip			Phone ( )			Fax ( )	
E-Mail:					Web address:				
Business Location:		<input type="checkbox"/> Owned		<input type="checkbox"/> Leased		<input type="checkbox"/> Rented			
Business Street Address:							EIN:		
Business Owner: Give the name of all owners of this business. If more than one person (individual or corporation) owns the business, list each owner on a separate letterhead.									
Owner's Name:					Which type of ownership best describes your business?				
					<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation		
					<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust		
					<input type="checkbox"/> Association				
Financial Responsibility: List the company or companies that insure the motorcycle training program as required by Ohio Administrative Code 4501-53-10. If additional space is required, use additional application forms. Attach certificate of Insurance.									
Insurance Company:					Agent:				
Street:					City:				
County:			State:			Zip:			
Phone: ( )					Fax: ( )				
E-Mail:									
Authorizing Official (AO). The business provider shall identify its authorizing official who is responsible for the operation of the business and who shall be held liable if the business, its classrooms, its offices, or its staff is found in violation of the Ohio Administrative Code 4501-53-06. If additional authorizing officials serve this provider, use additional application forms. If the owner is an individual, the authorizing official shall be owner of the business.									
Name		First:			Middle:			Last:	
Street:					City:			County:	
State:		Zip:			Phone ( )			Fax ( )	
E-Mail:									
Attachments required:									
<input type="checkbox"/> Written course policy and procedures (see Rule 6-C-9 for content)									
<input type="checkbox"/> List of Instructors (Rule 6-A and 6-C-8)									
<input type="checkbox"/> Criminal Abstract on Authorizing Official (Rule 6-B-2)									
<input type="checkbox"/> Certificate of Insurance (Rule 10-B)									
<input type="checkbox"/> MSF RERP Number									
In accordance with Ohio Administrative Code (OAC) 4501-53, I hereby certify, as the authorizing official of this motorcycle training business, the information provided herein is true and complete. I am responsible for knowing, have read and understand, the provisions governing motorcycle training and instructions as those set forth in OAC 4501-53. I will abide by the laws, statutes and rules set forth therein. I will take reasonable steps that ensure the business, instructors, and staff operate in compliance with Ohio Administrative Code 4501-53. To all herein, I so certify and attest with my signature below.									
Signature of Authorizing Official: _____							Date: _____		
Return application to: Motorcycle Ohio, ATTN: Provider Application, P.O. Box 182081, Columbus, Ohio 43218									