

N.13 Rider Course Instructor Application/Renewal



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM RIDER COURSE INSTRUCTOR APPLICATION/RENEWAL

Note: All applicants must be currently certified MSF, CSC, ESC or GWRRA Instructors in good standing. GWRRA Certification is valid for two years. All GWRRA Instructors must submit a renewal form every two years to remain certified.

Date of Application / /

Please check one

- First Application
 Renewal
 GWRRA Rider Course Certification or Update

(Please type or print clearly)

Name: _____ Membership #: _____
 Address: _____ City: _____
 State or Province: _____ Zip or Postal Code: _____
 Phone (Home): _____ Phone (Work): _____
 Email Address: _____
 MSF ID# _____ Exp Date: ____/____/____ CSC ID# _____ Exp. Date: ____/____/____
 ESC ID# _____ Exp. Date: ____/____/____ GWRRA ID# _____ Exp. Date: ____/____/____
 GW Region in which I plan to do most of my instruction: _____

Current GWRRA Master or Rider Course Instructor Certifications (if any)

Indicate Level of Certification after designation: I - Instructor; M – Master

GWRRA Inst. Card # _____	Master Inst. # _____	Date of initial GWRRA instructor certification ____/____/____	
<input type="checkbox"/> Trike Rider Course (TRC)	_____ Date Certified	____/____/____	Master Instructor _____
<input type="checkbox"/> Trailing Course (TC)	_____ Date Certified	____/____/____	Master Instructor _____
<input type="checkbox"/> Advanced Rider Course (ARC)	_____ Date Certified	____/____/____	Master Instructor _____
<input type="checkbox"/> Sidecar Rider Course (SRC)	_____ Date Certified	____/____/____	Master Instructor _____

Other Rider Course Certifications:

1. _____	Date Certified	____/____/____	Master/Chief _____
2. _____	Date Certified	____/____/____	Master/Chief _____

List of taught courses for Renewal

Indicate the year, type and number of Rider Courses taught in the past two years. Minimum of two required for renewal.
 Coding: Advanced Rider Course– **ARC**, Basic Rider Course–**BRC**, Canadian Safety Council- **CSC**, Experienced Rider Course–**ERC**, Evergreen Safety Council- **ESC**, Motorcycle Rider Course- **MRC**, Sidecar–**SRC**, Trike–**TRC**, Trailing–**TC**, Other–**OC**

Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____

By signing this application I agree to uphold and implement all concepts, ideals, and instructor prerequisites of the GWRRA instructor certification for which I am applying. I agree to coordinate all courses through my District and/or Region Educator. I am a Level 3 or above in the Rider Education Levels Program, always ride in proper riding gear, and am a currently certified MSF, CSC, ESC or GWRRA instructor.

Signature: _____ Date: ____/____/____
 (Do not send electronically - must contain an original signature)

Return this application 30 OR MORE DAYS PRIOR TO YOUR SCHEDULED INSTRUCTOR CERTIFICATION CLASS with a copy of the front of your current MSF, CSC, ESC and/or GWRRA card to:

Tony & Michelle Van Schaick (US)
 Assistant Director - Rider Education
 94 Edwards Circle, Oswego, NY. 13126-6068

Dave & Anne Hay (Canada)
 Director - Rider Education "Canadian Operation"
 1483 Leed Rd., Campbell River, BC V9W 5R3, Canada