



**Section II. Educational Background**

3. High School Graduate or GED? No Yes

4. College/University Graduate? No Yes

5. Degree and major field of study: \_\_\_\_\_

6. List other educational institutions you have attended or any specialized training you have received. List any certificate or advanced degrees you have received and attach copies to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any teaching experience? No Yes

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

8. Do you currently have a teaching certificate/license? No Yes

If yes, State of certificate/license: \_\_\_\_\_

9. Have you ever had your teaching certificate canceled or revoked? No Yes

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

**Section III. Riding Experience**

10. Do you currently operate a motorcycle? No Yes

11. Do you currently own a motorcycle? No Yes

If yes, please list motorcycle owned: \_\_\_\_\_

12. How many years have you been operating a motorcycle? \_\_\_\_\_

13. Approximately, how many miles did you ride last year? \_\_\_\_\_

14. What type of riding are you currently doing?

Dirt Touring Commuting Other \_\_\_\_\_

15. Have you ever been involved in competitive motorcycle racing? No Yes

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

16. List any championships you attained: \_\_\_\_\_

17. Have you attended any formal motorcycle safety training program? No Yes

If yes, please identify each course and attach certificates received: \_\_\_\_\_

\_\_\_\_\_

18. Have you taken a motorcycle rider education course? \_\_\_\_\_

Attach a copy of your certificate.

19. Describe in detail why you want to become a Georgia Motorcycle Safety Program Certified Instructor. Be specific and explain exactly what you intend to do if certified. Use additional paper if necessary.

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20. Will you be able to teach once certified? No Yes

If yes, explain where and how often you intend to teach: \_\_\_\_\_

\_\_\_\_\_

21. Do you have any history of physical or mental disabilities/impairments?

No Yes If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

22. Attach at least three (3) letters of recommendation to this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this application you are attesting that all of the above information is correct to the best of your knowledge. This application does not guarantee you a position in the course. You will receive formal notification by return mail once the selection process has been completed.

Once completed, mail your application to:

Georgia Department of Driver Services  
Motorcycle Safety Program  
P.O. Box 80447  
Conyers, GA 30013-8047