



Motorcycle Safety Program Coach Checklist

- All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- All applicants must complete all sections of the application.
- Submit a notarized statement from, the owner of the private training school that the applicant is, or will be employed.
- If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a 7 year Motor Vehicle Report (MVR) from each state in which you were licensed except Georgia.
- Must be a Georgia Resident to become Georgia State certified
- Applicant must have successfully completed a Basic Rider Course prior to the first class date.
- Applicant must have held a motorcycle license for at least two (2) years.
- If you are applying for MSF certification only, you will not be required to do the following:
 - Complete Section 3
 - Submit a notarized statement from, the owner of the private training school that you will, or are employed with.
 - Be a Georgia resident.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

**Please submit application, and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division / Motorcycle Safety
2206 East View Parkway
Conyers, Georgia 30013**



Motorcycle Safety Program Coach Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix		
Date of Birth	Driver's License #	State of Issuance	Social Security #		
Home Address	City	State	County	Zip Code	
Mailing Address	<input type="checkbox"/> Same as above	City	State	County	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number			

Each applicant must provide a secure, individual email address that only the applicant can access. The Department will use this email address for official purposes. The applicant should check the email account during the certification process

**Email Address

1.1 Which certification/position are you applying for?

- GMSP Certification Course
 GMSP Coach Prep Course
 MSF Certification only
 Private Training School Employment

1.2 Do you currently hold an MSF Certification?

- Yes No

Certification # _____ Expiration Date _____

1.3 Do you currently operate a motorcycle?

- Yes No

1.4 Do you currently own a motorcycle?

- Yes No

1.5 How many years have you been operating a motorcycle? _____

1.6 Approximately how many miles do you ride annually: _____

1.7 Do you have a High School Diploma or GED? Yes No

1.7.1 Do you have any teaching experience? Yes No

If yes, please describe: _____

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

If yes, please describe: _____



1.8 Have you taken a motorcycle rider education course or attended any formal motorcycle safety training program? Yes No

If yes, please describe: _____

1.9 Have you been fingerprinted within the past six (6) months for any other DDS Program?
 Yes No

1.9.1 If you answered "Yes" to question 1.8, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)	Date(s)

SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?
 Yes No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?
 Yes No

NOTE: Acceptable proof of citizenship or lawful presence may be required.

2.2 Are you currently employed with the Georgia Department of Driver Services?
 Yes No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services
 Yes No

2.4 Are you at least 21 years of age?
 Yes No

2.5 Do you have a sponsor (GMSP-approved training site that will hire you)? Yes No

2.5.1 Sponsor company and name of contact: _____

2.5.2 Sponsor phone number: _____

SECTION 3: Criminal History

3.1 Have you ever been convicted of, or plead guilty or *nolo contendere*, to any crime which constitutes a felony?
 Yes No

3.2 Have you been convicted of, or plead guilty or *nolo contendere*, to any misdemeanor involving violence, fraud, dishonesty, indecency, or deceit.
 Yes No

3.3 Have you been convicted of, or plead guilty or *nolo contendere*, to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?
 Yes No

3.4 Are you currently on probation for any criminal offense in this or any other state?
 Yes No



3.4.1 If you answered "Yes" to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date
Offense	State and County	Date

3.5 Are there any criminal charges currently pending against you?

Yes No

3.5.1 If you answered "Yes" to question 3.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, *nolle prossed*, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?

Yes No

3.7.1 If you answered "Yes" to question 3.7, attach a copy of the pardon.

3.8 Have you ever been addicted to narcotic drugs or intoxicating liquor? Yes No

3.8.1 If so, are you in total abstinence? Yes No. How long have you been drug free? _____

3.9 Have you ever been a patient in, or committed to an institution for the treatment of alcohol or drug addiction? Yes No

3.9.1 If so, date(s)? _____

Name and location of institute: _____

SECTION 4: Driving History

4.1 Do you currently possess a valid Georgia Class M Motorcycle license?



Yes No

4.2 In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

Driver's License Number	State	Expiration Date	Years Licensed in State

4.3 Have you had more than 3 convictions for moving traffic violations within the past 3 years? Yes No

4.4 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?
 Yes No

4.5 Are there any *pending or unresolved* cancellations, suspensions, or revocations against your driver's license?
 Yes No

4.6 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?
 Yes No

4.6.1 If you answered "Yes" to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Month/Year

4.7 Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle/motorcycle?

4.7.1 Yes No If yes, give particulars:

4.8 List your complete driver's history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition

4.9 Are there any traffic charges currently pending against you?
 Yes No



SECTION 6: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol, or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations.

I hereby authorize the release to DDS of any information necessary for the determination of my application for instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary