DDS
GEORGIA DEPARTMENT OF DRIVER SERVICES

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

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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 ☐ **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: _____

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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: Applicant Essay

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

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SECTION 4: 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