



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)
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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, can you provide proof of lawful status to be in the United States?

Yes No

NOTE: Acceptable proof of citizenship or lawful status 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.



Lined area for text entry.

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