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
Att: 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
☐ 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, 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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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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

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