



FRTTP use only:	
Date Received	_____
DL Record Checked	_____
MC Endorsement	_____
RCAP Sent	_____
Accepted/Un-Accepted	_____

Rider Coach Apprentice Program Application

APPLICATION CAN BE TYPED IN BUT INFORMATION CANNOT BE STORED

Part A. APPRENTICE DATA

First Name (Proper)	MI	Last Name	Common First Name
Street			Birth Date
Apartment			Social Security #
City	State	Zip Code + 0000	Drivers License #
Employer			State
Home Phone: _____			County
Cell Phone: _____			Occupation
E-Mail: _____			Fax Number: _____
			Work Phone: _____
			Ext. _____

DO NOT call at work

RCP schedule format preferred?
 Three weekend schedule
 Seven day schedule
 No preference

Part B. MOTORCYCLE RIDING EXPERIENCE

Do you currently own or operate a motorcycle on frequent and routine basis on public roadways? ***
 YES NO

Do you currently have a motorcycle endorsement? ***
 YES NO

How many years have you been riding? _____

How many miles do routinely ride each year? _____

Date you completed the Basic RiderCourse (BRC)? ***
 Date: _____

Part C. DRIVING RECORD, CRIMINAL HISTORY AND HEALTH ISSUES

Has your driver's license been suspended/revoked?
 YES NO
 Date: _____

Have you been convicted of a DUI?
 YES NO
 Date: _____

Have you been convicted of a misdemeanor or felony?
 YES NO
 Date: _____

Do you have any medical conditions that could hinder or limit your ability to Coach?
 YES NO

If you answered "yes" to any question in Part C, use a separate sheet of paper to explain.

Part D. ITEMS RIDER COACH APPRENTICE OR SPONSOR MUST PROVIDE.

1. Criminal History Information (background check) ***
<http://www.fdle.state.fl.us/CriminalHistory/>
2. Drivers Licenses Record check ***
 3 year driver history record. If Candidate has been licensed outside of Florida in the past 3 years, candidate must obtain a Drivers Licenses Record Check from the State of licensing.
3. Completed original application mailed to address provided on the last page ***
4. A copy of the candidates most recent (within 1 year) Basic RiderCourse completion card ***



Part E. RIDER COACH APPRENTICE AND SPONSOR AGREEMENT AND SIGNATURE

For the Rider Coach Apprentice:

I understand that completion of this application does not guarantee acceptance into the F RTP Rider Coach Apprentice Program. My criminal history, driving record, application, and BRC card copy will be evaluated by the F RTP Staff prior to acceptance or denial into the F RTP Rider Coach Apprentice Program.

Additionally, in signing my name, I agree to participate in the Basic Rider Courses as an observer, student rider, or range assistant only.

Providing any coaching tips or riding techniques is strictly forbidden during any F RTP sponsored training event . Failure to comply with this could result in immediate rejection of your application. This is a violation of the F RTP Sponsor's contract.

My signature below indicates that the information I have provided in this application is complete and accurate. Also, this application is only valid for one year from the date of acceptance into the F RTP Rider Coach Apprentice Program.

Signature _____ Date _____

For the Rider Coach Apprentice Sponsor/Administrator:

I understand that I, the Sponsor/Administrator, will ensure that the Rider Coach Apprentice will be provided with all vital information concerning F RTP policies and F RTP Program Contract and will be adequately prepared in both classroom and range presentations prior to requesting an RCAP Evaluation and selection to a RiderCoach Preparation course. If there are any changes in the status of this Apprentice with the Sponsor/Administrator, I will promptly notify F RTP.

I have personally screened this application. To the best of my knowledge, it is complete and accurate.

Signature _____

Date _____

Printed Name _____

Sponsor Name and RERP# _____

Email _____

Phone Number _____

1. Maintain a copy of the application for both the Sponsor and Apprentice.
2. Mail completed application with original signatures and other required paperwork to:

F RTP/Ray Zurenda
7651 U.S. Hwy 19 North
Pinellas Park, FL 33781-2750

Contact the F RTP office at (407) 719-5022 or at F RTP@hsmv.state.fl.us with any question.