

THIS PDF CANNOT BE PRINTED BECAUSE IT IS A MULTIPLE PART FORM AND IT MUST BE COMPLETED WITH A DRIVER LICENSE OR PERMIT IN PRESENCE OF A COACH

CALIFORNIA MOTORCYCLIST SAFETY PROGRAM
STUDENT REGISTRATION FORM

CMSP SITE NAME \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL DATA
NAME (First, Full Middle, Last)
ADDRESS (Street, City, State, Zip)
DATE OF BIRTH (M/D/ YR) AGE \* DRIVER'S LIC. NO. STATE
EVENING PHONE ( ) DAY PHONE ( ) SEX M ( ) F ( )
IF YOU DO NOT HAVE A DRIVER'S LICENSE, DO YOU HAVE A LEARNER'S PERMIT? ( ) Yes ( ) No
\*IF YES, ENTER PERMIT NO. \_\_\_\_\_
DO YOU HAVE A CLASS M1 M2 MOTORCYCLE LICENSE OR ENDORSEMENT? ( ) Yes ( ) No
IF YES, ENTER LICENSE NO. \_\_\_\_\_
HAVE YOU COMPLETED DRIVER'S ED? ( ) Yes ( ) No
\*IF YES, ENTER COMPLETION DATE (M/D/YR) \_\_\_\_\_
IF NO, DO YOU HAVE A MOTORCYCLE LEARNING PERMIT? ( ) yes ( ) No
IF YES, ENTER PERMIT NO. \_\_\_\_\_

ON-STREET RIDING EXPERIENCE
HAVE YOU RIDDEN A STREET MOTORCYCLE REGULARLY IN THE LAST FIVE YEARS? 1. ( ) Yes 2. ( ) No
HOW MUCH STREET RIDING EXPERIENCE DO YOU HAVE? (Check One)
1. ( ) Just beginning (less than 500 miles) 3. More than a year and
2. Less than a year and a. ( ) 500 to 2000 miles b. ( ) more than 2000 miles
a. ( ) 500 to 2000 miles b. ( ) more than 2000 miles
If more than a year, please fill in number of years: \_\_\_\_\_
HOW MANY ON-STREET MILES HAVE YOU RIDDEN IN THE PAST YEAR? \_\_\_\_\_ miles
DO YOU OWN A STREET MOTORCYCLE / MOTORSCOOTER? 1. ( ) Yes 2. ( ) No IF YES, WHAT SIZE? \_\_\_\_\_ cc
WHAT IS YOUR PRIMARY REASON FOR RIDING A MOTORCYCLE / MOTORSCOOTER? ON-STREET?
1. ( ) Commuting 2. ( ) Recreation 3. ( ) Other \_\_\_\_\_
HAVE YOU EVER BEEN INVOLVED IN AN ON-STREET MOTORCYCLE / MOTORSCOOTER ACCIDENT? 1. ( ) Yes 2. ( ) No

OFF-ROAD RIDING EXPERIENCE
DO YOU HAVE ANY OFF-ROAD RIDING EXPERIENCE? 1. ( ) Yes 2. ( ) No IF YES, HOW MANY MILES HAVE YOU RIDDEN OFF-ROAD IN THE PAST YEAR? \_\_\_\_\_ miles

HOW DID YOU FIND US?
HOW DID YOU HEAR ABOUT THIS COURSE? (Check all that apply)
1. ( ) Newspaper Ad 7. ( ) California Highway Patrol 13. ( ) Word of Mouth
2. ( ) Magazine Ad 8. ( ) Department of Motor Vehicles 14. ( ) Insurance Company
3. ( ) Radio Ad 9. ( ) College / Adult Ed Publications 15. ( ) Phone Book
4. ( ) TV Ad 10. ( ) ca-msp.org (website) 16. ( ) Friend or Relative
5. ( ) Newspaper Articles 11. ( ) 877 Toll-Free Phone Number 17. ( ) Poster
6. ( ) Dealer 12. ( ) Brochure or Flyer 99. ( ) Other \_\_\_\_\_
HAVE YOU EVER CALLED 1-877-RIDE-411 FOR RIDER COURSE INFORMATION? 1. ( ) Yes 2. ( ) No
HAVE YOU EVER TAKEN THIS COURSE BEFORE? 1. ( ) Yes 2. ( ) No

DO NOT WRITE BELOW THIS LINE CMSP OFFICE COPY

COURSE TAKEN: ( ) BASIC ( ) EXPERIENCED ( ) OTHER \_\_\_\_\_
WRITTEN TEST SCORE \_\_\_\_\_ RIDING TEST SCORE \_\_\_\_\_ DMV CERT. NO \_\_\_\_\_
CHECK ONE: ( ) PASSED ( ) FAILED ( ) DROPPED EARLY ( ) DROPPED LATE
IF STUDENT IS A CARRY OVER FROM A PREVIOUS CLASS, CHECK THIS BOX ( )

\* ELIGIBILITY VERIFIED BY SITE REPRESENTATIVE (INITIALS) \_\_\_\_\_