

FORT BELVOIR MOTORCYCLE SAFETY TRAINING AUTHORIZATION

Date of Course: _____

Would you like to participate in Fort Belvoir Mentorship Program? YES NO

1. Grade/Name: _____ Email: _____
Home Address: _____
City/ State/Zip: _____
Home Ph: _____ Office Ph: _____ Cell PH: _____

2. Driver's/Motorcycle License #: _____ State _____
How many years have you had your motorcycle license/ endorsement? _____

3. Where have you completed the :
Basic Rider Course _____ When _____
Experienced Rider Course _____ When _____

4. How many years have you been operating a motorcycle? _____
5. How many miles have you ridden in the last year? _____

6. Are you: **Active Duty** **DOD CIV** **Retiree** **Family Member** (circle which one)
AGE: _____ Last five of your SSN: _____

7. Employer/Organization: _____ Employer Phone : _____
Employer's Address: _____
City/ State/Zip: _____

8. Rider Requirements:
 - a. Personal Protective Clothing/Equipment
 - i. Approved Helmet
 - ii. Face Shield or impact goggles
 - iii. Full fingered gloves
 - iv. Long sleeve shirt (brightly colored)
 - v. Long pants
 - vi. Over the ankle sturdy leather shoes (no tennis shoes)
 - vii. Reflective vest or belt or Riding Jacket
 - b. Training:
 - i. Motorcycle Safety Foundation Riders Course (MSF) (prior to riding) on or off post.
 - c. Licensing:
 - i. Drivers license endorsement per valid state license.
 - ii. Ft Belvoir Decal
 - iii. Must have MSF card prior to obtaining post decal (carry at all times)
 - iv. Current state inspection if required.
 - v. Selling bike? Must turn in Ft. Belvoir Decal.
 - vi. Current and valid insurance for state of usage.

Motorcycle Operator Requirements and Individual Responsibility Agreement

I, _____ have read and understand the requirements of DODI 6055.4, and AR 385-55, Appendix B, Para B-3, for operating a motorcycle both on and off post while stationed at Fort Belvoir. I understand riding a motorcycle is an increased risk activity, and that the motorcycle requirements are for my own safety, as well as the safety of fellow drivers. I acknowledge the Army requirement for use of Personal Protective Equipment (PPE), licensing and registration requirements, as well as the necessity to complete the Motorcycle Safety Course. I will wear all PPE while operating the motorcycle on or off post. I understand that failure to comply with Army regulations could result in my suspension of loss of motorcycle driving privileges, judicial and non-judicial charges under the Uniform Code of Military Justice, as well as other sanctions available to the Commanding General. I further understand that if I am injured while riding a motorcycle in violation of Fort Belvoir policies, I may be found Not-in-Line of Duty Due to Own Misconduct.

Operators Signature _____

Date _____

SUPERVISORY OFFICIALS' ENDORSEMENT FOR MOTORCYCLE SAFETY TRAINING

After careful review of this application; I certify that: _____ has read this FORT BELVOIR MOTORCYCLE SAFETY TRAINING AUTHORIZATION application in its entirety, and the information they have supplied contained herein is true and correct and that this person meets the requirements to receive and partake of Fort Belvoir Motorcycle Operator Safety Training. And has not omitted any relevant information. I understand and agree that falsification of any information provided herein, or the omission of any relevant information, will result in their immediate refusal to participate in training and inability to receive Certification to operate Motorcycles aboard any military installations or other government property. This individual also understands that this application although a requirement for training does not unto itself guarantee a position in the motorcycle safety training program.

Signature: _____ Date: _____

Command or Duty Station Location _____

OFFICE PHONE: _____

FAX: _____

EMAIL : _____