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RPM Academy

**RIDER EDUCATION PROGRAM**

**RIDER COURSE INSTRUCTOR RENEWAL and ICC APPLICATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Renewal** |  |  | **Certification Update** |  |  | **Course I am applying to be certified in:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Date |  |

Name

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | City |  |

|  |  |  |  |
| --- | --- | --- | --- |
| State / Province |  | ZIP / Postal Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone (Home) |  | Phone (Cell) |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RPMA Inst # |  | Exp Date |  | CSC # |  | Exp Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ESC # |  | Exp Date |  | MSF # |  | Exp Date |  |

Current Rider Course Certifications (If any)

Rider Course Instructor  Master Instructor  Date of Initial GWRRA Certification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ARC |  | Date Certified |  | Certified By: |  |
| TRC |  | Date Certified |  | Certified By: |  |
| TC |  | Date Certified |  | Certified By: |  |
| TTRC |  | Date Certified |  | Certified By: |  |
| SRC |  | Date Certified |  | Certified By: |  |

Other Certifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  | Date Certified |  | Certified By: |  |
| 2 |  | Date Certified |  | Certified By: |  |

**List Courses Taught for RPM Academy in the past two years (include ARC-R and TRC-R)**

**CLASSES TAUGHT FOR YOUR STATE AGENCY DO COUNT FOR RPMA RENEWAL.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Year** |  | **How Many** |  | **Course** | **Year** |  | **How many** |
| **ARC / ARC-R** |  |  |  |  | **TTRC** |  |  |  |
| **TRC / TRC-R** |  |  |  |  | **SRC** |  |  |  |
| **TC** |  |  |  |  | **AORC** |  |  |  |

BY SIGNING THIS APPLICATION/RENEWAL:

* **I AGREE TO UPHOLD AND IMPLEMENT ALL CONCEPTS, IDEALS, AND INSTRUCTOR PREREQUISITES OF THE RPMA INSTRUCTOR PROGRAM.**
* **I AGREE TO COORDINATE ALL COURSES THROUGH THE RPMA COORDINATOR.**
* **I AM CURRENT AT LEVEL III OR ABOVE IN THE RIDER EDUCATION LEVELS PROGRAM.**
* **I ALWAYS RIDE IN PROPER RIDING GEAR.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**RETURN THIS APPLICATION 30 OR MORE DAYS PRIOR TO YOUR SCHEDULED INSTRUCTOR CERTIFICATION CLASS OR YOUR INSTRUCTOR EXPIRATION DATE.**

**MAIL APPLICATION TO.**

**RPM Academy c/o Susan Huttman**

**PO Box 384 Wilkesboro, NC 28697**

**(828) 368-2249**

[**susanhuttman@rpmacademy.net**](mailto:susanhuttman@rpmacademy.net)