## R.14 Rider Course Master Instructor Application and Renewal

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| Logo  Description automatically generated | | | **RPM Academy** | | | | | | | | | | | | | | | | |  | | | |
| **RIDER COURSE**  **MASTER INSTRUCTOR APPLICATION and RENEWAL** | | | | | | | | | | | | | | | | |
|
| **Please check one:** | | | | | | | | | | | | | | | | |  | | | | | | |  |
| First Application | | | | | Renewal | | | RPMA Rider Course Certification or Update | | | | | | | | | | | | | | | |
| **(Please type or print clearly)** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** |  | **RPMA#** |  | **Date** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | City: | |  | | | | | | | | | | |
| State or Province: | | | |  | | | | | | | Postal Code: | | | |  | | | | | | | | |
| Phone (Home): | | | |  | | | | | Phone (Cell): | | | | |  | | | | | | | | | |
| Email | | | |  | | | | | | | |
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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | RPMA Inst# |  | Expiration |  | MSF Inst# |  | Expiration |  | | CSC Inst# |  | Expiration |  | Other Inst Cert |  | Expiration |  |   **Current GWRRA Rider Course Instructor Certifications**  CHECK THE APPROPRIATE BOX(ES), INDICATING COURSE CERTIFICATIONS WITH MONTH AND YEAR INITIALLY CERTIFIED | | | | | | | | | | | | | | | | | | | | | | |
| **Advanced Rider Course** (ARC) | | | | | | Date |  | | | **Trailering Course** (TC) | | | | | | | | | Date | |  |
| **Sidecar Rider Course** (SRC) | | | | | | Date |  | | | **Trike Rider Course** (TRC) | | | | | | | | | Date | |  |
| **Add-On Kit Rider Course** (AORC) | | | | | | Date |  | | | **Vanguard Rider Course**(VRC) | | | | | | | | | Date | |  |
| **List of courses taught for First Application and Renewal**  (Minimum of two courses required over the past two years for renewal)  Indicate the year, type and how many GWRRA Courses you have taught in the past two years  Advanced Rider Course– **ARC**, Instructor Cert. Program- **ICC**, Rider Course Instructor Cert. Program- **RCICP**, Sidecar Rider Course–**SRC**,  Trailering Course–**TC**, Trike Rider Course–**TRC,** Trike with Trailer Course **- TTRC,** Add-On Kit Course– **AORC,** Vanguard – **VRC**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Year |  | Type |  | How Many |  | Year |  | Type |  | How Many |  | | Year |  | Type |  | How Many |  | Year |  | Type |  | How Many |  | | Year |  | Type |  | How Many |  | Year |  | Type |  | How Many |  | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Have you taught at Wing Ding?** | **YES**  **NO** | **If Yes – What Years:** |  |   **I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**   * **THAT I HAVE READ THE RPMA MANUAL AND MEET THE OUTLINED QUALIFICATIONS.** * **I UNDERSTAND MY APPLICATION DOES NOT GUARANTEE APPROVAL** * **THAT I HAVE HAD NO DUI CONVICTIONS IN THE PAST 5 YEARS.** * **HAVE NO MORE THAN 4 POINTS ON MY OPERATORS LICENSE.** * **AM CURRENT IN LEVEL 4 OR ABOVE IN THE RIDER EDUCATION LEVELS PROGRAM.** * **ALWAYS RIDE IN PROPER RIDING GEAR (A.T.G.A.T.T. – All the Gear, All the time).** * **HAVE BEEN A GWRRA RIDER COURSE INSTRUCTOR FOR AT LEAST TWO YEARS.** | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | Date: | |  | | | | | |
| **Mail form to:**  **RPM Academy** c/o Chuck Geggie 2208 Oxford-Trenton Rd. Oxford, OH. 45056 | | | | | | | | | | | | | | | | | | | | | | | |  | |