



Washington Motorcycle Safety Program Instructor Candidate Application

Use this form as application to become a candidate for the Washington Motorcycle Safety Program (WMSP) Certified Instructor program. Only certified instructors are eligible to teach WMSP rider training courses. If you have any questions or need assistance please call us at (360) 902-3674 or email motorcycle@dol.wa.gov. Send this completed form to:

**Washington Motorcycle Safety Program
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030**

To be eligible for instructor candidacy you must:

- Be an experienced motorcyclist who owns and regularly operates a registered motorcycle, sidecar, or trike
- Possess a current and valid driver license with motorcycle endorsement
- Have an acceptable driving record
- Be a high school graduate, or equivalent, and be at least 21 years of age
- Have no convictions involving a violent crime
- Review and agree to sign the WMSP Rules of Professional Conduct form
- Provide the starting date for the Instructor Preparation (IP) course you would like to attend (see below)

Candidates are encouraged (but not required) to use a local training school as a sponsor, and for reference and support, throughout the training process. For a list of schools, go to dol.wa.gov.

Applicant information

| | | |
|--|-------------------------------------|---------------|
| Name (<i>Last, First, Middle initial</i>) | | Date of birth |
| Driver license number | State | Expiration |
| Mailing address | | |
| City | State | ZIP code |
| Residence address (<i>if different from above</i>) | | |
| City | State | ZIP code |
| (Area code) Home telephone number | (Area code) Mobile telephone number | Email |
| My primary interest is: <input type="checkbox"/> Two-wheel certification <input type="checkbox"/> Three-wheel certification | | |
| Are you currently a certified instructor in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Instructor Preparation (IP) Course

After acceptance as a WMSP Instructor Candidate, you will need to register for an Instructor Preparation (IP) course. IPs are typically scheduled annually and take place over four weekends (Friday evening, all day Saturday, and all day Sunday). IPs include classroom sessions, on-cycle components, and student teaching.

To help us better plan for course attendance, please provide the possible starting date you would be able to attend.

The IP schedule can be found at www.dol.wa.gov

| | |
|-------------------------|---|
| IP start date requested | <input type="checkbox"/> I cannot attend the IP classes scheduled, but want to be considered for future IPs |
|-------------------------|---|

Statements of interest (attach a separate sheet for each question if necessary)

Why do you want to be an instructor? Please be specific.

For you, what will be the most challenging part of being an instructor?

What qualifications and experience do you have that may aid you as an instructor?

Certification

- Have you had more than two traffic violations in the past 12 months? Yes No
- Have you had any alcohol or drug-related traffic convictions in the past five years? Yes No
- Has your license been suspended, cancelled, revoked, or denied within the last three years? Yes No
- Have you ever been convicted of a felony or a crime involving violence? Yes No
- Have you ever held a professional license that was suspended or refused renewal? Yes No

If you answered "yes" to any of the above questions, please include an explanation on a separate sheet.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
 Date and place Applicant signature

Sponsor information (optional)

| | |
|-----------------|--|
| Company/Sponsor | Accepted into program? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact name | Projected IP |