

Motorcycle Safety Education Advisory Board Application

You can use this form to apply for appointment to the Motorcycle Safety Education Advisory Board.

To apply, complete and submit this form and a letter of interest detailing:

- why you are interested in a Board position
- what you know about the Board
- what you hope to accomplish as a Board member
- what you have done to promote motorcycle safety

Mail or fax to:

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

email: motorcycle@dol.wa.gov

fax: (360) 570-4914

Applicant

Board position you are applying for <input type="checkbox"/> Motorcycle rider or person actively involved in a non-profit motorcycle organization that supports motorcycle safety <input type="checkbox"/> Member of the general public			
PRINT or TYPE Name		Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City		State	ZIP code
Email		(Area code) Home telephone number	
Recommended by (if applicable)			

Education

Highest level of education completed			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rider safety education Have you successfully completed any motorcycle rider education safety courses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Course name	Course provider	Year	

Licenses held If applicable to the Board

License type Washington driver license	License number	Issue date	Expiration date
Motorcycle endorsements: _____			
Other applicable professional licenses	License number	Issue date	Expiration date

Current employment

Name of company			
Your title/position	(Area code) Telephone number	Employer/Supervisor name	Start date
Company address			
Duties			

Memberships Past or present

Motorcycle clubs and professional/community organizations	Office held (if applicable)	Date of term (From-To)

References

1 Name	(Area code) Telephone number
Address	
Describe how they know you	
2 Name	(Area code) Telephone number
Address	
Describe how they know you	
3 Name	(Area code) Telephone number
Address	
Describe how they know you	

Additional

Answer the following

Do you own/operate a motorcycle? Yes No

Do you authorize release of your drive record to the Department of Licensing for review? Yes No

Could you or your family benefit financially from recommendations made by this Board? Yes No

Board meetings are held weekdays at varying locations throughout the state.

Are you willing to come prepared and actively participate in these meetings? Yes No

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

Date and place

X

Applicant signature