



Motorcycle Safety Education Advisory Board Application

You can use this form to apply for a position on the Motorcycle Safety Education Advisory Board. Attach a separate list of at least three references with their names, addresses, phone numbers and professional relationship to you as well as any letters of recommendation you may have.

Mail, fax, or scan and email this completed form and attachments to:

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

Fax: 360-570-4914

Email: motorcycle@dol.wa.gov

Applicant

PRINT or TYPE Name (Last, First, Middle)			
Residence address			
City		State	ZIP code
(Area code) telephone number		email	
Driver license number		State	Endorsements
Professional licenses (list if applicable)			
Current employer		Job title	Dates of employment (mo/yr) From ___/___/___ To ___/___/___

Do you currently own and operate a motorcycle? Yes No

Education

High school name and location _____ Graduated? Yes No

College/university name and location _____ Graduated? Yes No

Have you successfully completed any rider education safety courses? (if yes, list below) Yes No

Course name	Course provider	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs/Organizations

List any motorcycle club and/or professional or community organization memberships (past or present)

Club/organization name	Office held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

X

Applicant signature

Date