



# Washington Motorcycle Safety Program Instructor Recertification Form

WMSP instructors, mentor instructors, and contractors use this form to recertify and/or validate instructors.

**Instructors:** Complete the form, sign, date, and submit to the contractor(s).

**Mentor instructors (optional):** Provide additional event information.

**Contractors:** Verify that all information provided is correct and satisfies WMSP requirements. Sign, date, and email or mail to:

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

**Email:** [motorcycle@dol.wa.gov](mailto:motorcycle@dol.wa.gov)     **Phone:** (360) 902-3674

**Instructor information**

PRINT or TYPE Instructor name			WMSP #		
Address					
City				State	ZIP code
(Area code) Telephone number			Email address		

**2-wheel certification** Teach three (3) courses for each 12-month period that begins with your certification date

<b>Period 1</b>	Class 1 #:	Date:	<b>Period 2</b>	Class 1 #:	Date:
	Class 2 #:	Date:		Class 2 #:	Date:
	Class 3 #:	Date:		Class 3 #:	Date:

**3-wheel certification** Teach one (1) course for each 12-month period that begins with your certification date

<b>Period 1</b>	Class 1 #:	Date:	<b>Period 2</b>	Class 1 #:	Date:
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**Mentor instructor** Participate in four (4) events for each 12-month period that begins with your certification date

<b>Period 1</b>	Event 1 #:	Date:	<b>Period 2</b>	Event 1 #:	Date:
	Event 2 #:	Date:		Event 2 #:	Date:
	Event 3 #:	Date:		Event 3 #:	Date:
	Event 4 #:	Date:		Event 4 #:	Date:

**WMSP update** Attend two (2) different updates during your two-year certification cycle

<b>Update 1</b>	Location:	Date:	<b>Update 2</b>	Location:	Date:
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**Other requirements**

- First aid .....  No  Yes     Expires: \_\_\_\_\_
- Driver record .....  No  Yes     My record complies with instructor eligibility requirement criteria
- Tester standards .....  No  Yes     Current form signed, dated, and on file
- Instructor standards .....  No  Yes     Current form signed, dated, and on file

*I affirm that the recertification documentation as stated is accurate, true, and complete.*

**X** \_\_\_\_\_  
 Instructor signature Date

\_\_\_\_\_  
 Contractor name DOL contract #

**X** \_\_\_\_\_  
 Contractor signature Date