

Washington Motorcycle Safety Program Classroom/Knowledge Test Site Approval

Use this form to submit classroom/knowledge test site information and photos. WMSP requires sites to comply with all administrative requirements and standards listed within the WMSP policies and procedures guidelines. Do not fax documents or photos. Email or mail this completed and signed form along with photos to:

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

Email: motorcycle@dol.wa.gov Phone: (800) 962-9010

This approval is for a:

- Fixed site facility (classroom and/or knowledge test)
- Mobile unit (knowledge test only)
- Mobile site (regularly scheduled)

- One form required for each regularly scheduled site proposal
- Obtain approval of classroom/knowledge test site prior to conducting any rider education courses
- Submit photos
 - Fixed site facility: front entrance and interior of classroom and/or knowledge test area(s)
 - Mobile unit: interior of knowledge test area(s), windows/doors, exterior signage
 - Mobile site: exterior surroundings and lighting
- Mobile units that have been approved by WMSP and are being used at non-regularly scheduled events can email site approval requests; this form not required. Include name and date(s) of event, location and event sponsor.

Failure to submit all requested information will result in delay of processing and/or approval.

Site/Unit information

Contractor		Contract number	
Name of site	Nearest cross street (if known)		Plate number (mobile only)
Physical address			Registration phone number
City		State	ZIP code
Site restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____			

Services to be provided (check all that apply)

<p>Knowledge testing</p> <input type="checkbox"/> Two-wheel <input type="checkbox"/> Three-wheel	<p>Training (Two-wheel)</p> <input type="checkbox"/> Basic RiderCourse (BRC) <input type="checkbox"/> Intermediate Rider Training (IRT) <input type="checkbox"/> Experienced RiderCourse (ERC) <input type="checkbox"/> Harley Davidson™ Rider Academy <input type="checkbox"/> Other: _____	<p>Training (Three-wheel)</p> <input type="checkbox"/> S/TEP Basic <input type="checkbox"/> S/TEP Advanced <input type="checkbox"/> Other: _____
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I affirm that the information and photographs submitted is accurately represented. I have inspected this site and deem the facility to be safe and within WMSP standards.

_____ **X**
 Date and place Contractor signature