

MOTORCYCLE RIDER PROFILE SHEET

NAME:	DATE:
COMMAND:	DEPARTMENT:
RANK/RATE:	
PHONE:	_ DOB:
Years of motorcycle experie	ence:
Do you have stateside M/C	License?
Have you been through a M	Notorcycle Safety Foundation Rider Course?
If yes, which course? BRC/BRC-2/	MSRC Dates: (Show proof)
I desire to obtain a Motorcy	cle license for:
MAKE: MODE	L: SIZE : TYPE: (in cc:) (Cruiser, sport)
The MOTORCYCLE must	be registered in your name to attend the ERC or MSRC.
Signature:	Date:
	COMMAND ENDORSEMENTS:
I authorize be completed upon completed	to obtain a motorcycle license and a Page 13 will tion of training.
Signature: Commanding Officer or Cor	Date: mmand MC Coordinator
<u> </u>	RIDERS ENDORSEMENT
I shall not carry a passenger until	f the installation until properly licensed.
Signature:	Date:

SAFETY ENDORSEMENT

POV License: USFJ 4EJ #	Date Issued:		
Motorcycle learners permit #:	Date Issued		
Motorcycle License #:	Date Issued		
BRC completion Date:	ERC Completion Date:		
MSRC Completion Date:			
Authorized to Carry a Passenger:			
Authorized to Carry a Passenger on the Expressway:			
Authorized to Drive (Motorcycle Size)			
Issued Base License Plate: Number	Date issued		
Drivers License Section:	Date:		
THINELY LICEUSE SECTION:	Date.		