



RERP INFORMATION UPDATE FORM

- Use this form to change/add contact information
- **Must be signed by a contact currently on file with MSF** (RERP Profile, Contacts tab)
- MSF will consider the Rider Education Program Manager the primary contact unless otherwise indicated on this form
- Return the completed form to msfsupport@msf-usa.org

SPONSOR INFORMATION		
BUSINESS NAME OF TRAINING PROVIDER		RERP NUMBER
MAILING ADDRESS	CITY	STATE & ZIP
OFFICE PHONE	E-MAIL ADDRESS	
NEW CONTACT(S)		
Agreement Signatory (e.g.: Owner, President, Dean, Chief of Safety, Director)		Check if Primary RERP Contact <input type="checkbox"/>
NAME	TITLE	MSF ID # (if known)
PHONE	E-MAIL ADDRESS (required)	
Rider Education Program Manager		Check if Primary RERP Contact <input type="checkbox"/>
NAME	TITLE	MSF ID # (if known)
PHONE	E-MAIL ADDRESS (required)	
Accounts Payable Contact		Check if Primary RERP Contact <input type="checkbox"/>
NAME	TITLE	MSF ID # (if known)
PHONE	E-MAIL ADDRESS (required)	
MSF RiderCourse Insurance Contact		Check if Primary RERP Contact <input type="checkbox"/>
NAME	Title	MSF ID# (if known)
PHONE	E-MAIL ADDRESS (required)	
Office Administration		Check if Primary RERP Contact <input type="checkbox"/>
NAME	TITLE	MSF ID #
PHONE	E-MAIL ADDRESS (required)	
CONTACT(S) TO BE REMOVED		
Name	Title/Role	MSF ID number

NAME (print) (must be a contact currently on file with MSF)

DATE

SIGNATURE