

Rider Education Recognition Program (RERP) Application



Company Name : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Office Phone: _____ E-mail: _____

Type of Entity – Select one:

- | | | |
|--|--|--|
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> University or Community College | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Military Installation | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Military Contractor | <input type="checkbox"/> Partnership | |

Waiver - Select one:

- | | |
|--|--|
| <input type="checkbox"/> I will use MSF's current Motorcycle Safety Course Waiver and Indemnification Form; or (for Harley-Davidson Riding Academy sites) the MSF-approved Harley-Davidson Riding Academy forms. | <input type="checkbox"/> I will use the Waiver and Indemnification Form required by my State or Military Program. (Must be reviewed and approved by MSF; submit a copy.) |
|--|--|

Rider Education Program Manager:

Name: _____ Phone: _____

Title: _____ Mobile: _____

MSF ID Number (if known): _____ E-mail: _____

Accounts Payable Contact:

Name: _____ Phone: _____

Title: _____ Mobile: _____

MSF ID Number (if known): _____ E-mail: _____

Signatory to the RERP Agreement (e.g.: Owner, President, Dean, Chief of Safety, Director):

Name: _____ Phone: _____

Title: _____ E-mail: _____

I certify that the information listed above is correct. I understand that I must authorize any changes to the information listed on this application by submitting a signed and dated RERP Information Update Form (RETSORG Library). Upon acceptance of this application the MSF will assign a RERP identification number to the Training Provider and make MSF curriculum materials available.

Official Signatory to RERP Agreement – Print Name Title

Official Signatory to RERP Agreement – Authorized Signature Date

Prior to submitting to MSF, forward this application to your State (or Military, if applicable) Motorcycle Safety Program Coordinator for their signature. If your state does not have a Motorcycle Safety Program, you may send this application directly to MSF. The State or Military coordinator's signature acknowledges his or her awareness of the application, although the provider may not be affiliated with the state or military entity responsible for motorcycle safety and education.

State Coordinator - Print Name

Military Coordinator - Print Name

State Coordinator – Signature Date

Military Coordinator – Signature Date