



Rider Education Recognition Program (RERP) Application

Training Provider Name : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (no PO Boxes): _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ E-mail: _____

Office Fax: () _____ Website: _____

Type of Entity (check 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 | |

Select one of the options listed below:

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.

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.)

List below at least one daily operations contact (other than the signatory):

Name: _____ Phone: () _____

Title: _____ Mobile: () _____

MSF ID Number: _____ E-mail: _____

Name: _____ Phone: () _____

Title: _____ Mobile: () _____

MSF ID Number: _____ 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 approval 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

E-mail

MSF ID Number

Phone

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, please 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