

# N.14 Rider Course Master Instructor Application/Renewal

## GOLD WING ROAD RIDERS ASSOCIATION, INC.



### RIDER COURSE MASTER INSTRUCTOR APPLICATION/RENEWAL

*Note: All applicants must be currently certified MSF, CSC, ESC or GWRRA Instructors in good standing. GWRRA Certification is valid for two years. All GWRRA Instructors must submit a renewal form every two years to remain certified.*

Date of Application      /      /

**Please check one**

- First Application       Renewal       GWRRA Rider Course Certification or Update

**(Please type or print clearly)**

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Name: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 MSF ID# \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CSC ID# \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ESC ID# \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ GWRRA ID# \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 GW Region in which I plan to do most of my instruction: \_\_\_\_\_

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### Current GWRRA Master or Rider Course Instructor Certifications

Check appropriate box(es), indicating Course Certification(s), Type (I – Instructor or MI – Master Instructor), and fill in month and year of certification

GWRRA Inst. Card #	Master #	Date of initial GWRRA instructor certification	____/____/____
<input type="checkbox"/> <b>RCICP</b>	_____ Date ____/____/____	<input type="checkbox"/> <b>ICC</b>	_____ Date ____/____/____
<input type="checkbox"/> <b>Advanced Rider Course (ARC)</b>	_____ Date ____/____/____	<input type="checkbox"/> <b>Trailing Course (TC)</b>	_____ Date ____/____/____
<input type="checkbox"/> <b>Sidecar Rider Course (SRC)</b>	_____ Date ____/____/____	<input type="checkbox"/> <b>Trike Rider Course (TRC)</b>	_____ Date ____/____/____

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### List of taught courses for First Application and Renewal

(Minimum of two courses required over the past two years for renewal)

Indicate the year, type and number of GWRRA Courses taught in the past two years

Coding: Advanced Rider Course– **ARC**, Instructor Cert. Program- **ICP**, Rider Course Instructor Cert. Program- **RCICP**, Sidecar Rider Course–**SRC**, Trailing Course–**TC**, Trike Rider Course–**TRC**

Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____

Indicate the year, type and number of GWRRA Courses taught at Wing Ding in the past two years

Coding: Experienced Rider Course– **ERC** or **ERC 2-UP**, Instructor Cert. Program- **ICP**, Rider Course Instructor Cert. Program- **RCICP**, Sidecar Rider Course–**SRC**, Trailing Course–**TC**, Trike Rider Course–**TRC**

Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____
Year _____	Type _____	Number _____	Year _____	Type _____	Number _____

I certify that the information given in this application is true and accurate to the best of my knowledge and that I have had no DUI convictions in the past 5 years, have no more than 4 points on my motorcycle or drivers license, am current in Level 4 or above in the GWRRA Rider Education Levels Program, always ride in proper riding gear, have been a GWRRA Rider Course Instructor for at least two years and am a currently certified MSF, CSC, ESC or GWRRA instructor.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Do not send electronically - must contain an original signature)

**Return this application 30 OR MORE DAYS PRIOR TO YOUR SCHEDULED MASTER CERTIFICATION CLASS with a copy of the front of your current MSF, CSC, ESC and/or GWRRA card to:**

**Initial (New) Application**  
**Eric and Mona Carlson**  
**Assistant Director - Rider Education**  
 1618 Ironsides Ave., Bremerton, WA 98310

**Renewals**  
**Eric and Mona Carlson**  
**Assistant Director - Rider Education**  
 1618 Ironsides Ave., Bremerton, WA 98310