STATE OF CONNECTICUT RIDER EDUCATION PROGRAM REGISTRATION FORM

*This information will be shared with CT Department of Transportation

Print Name:	Da	nte of Birth:	
Address:	City:	State:	Zip:
Sex: M or F Phone # Home ()	w	/ork ()	
Driver's License #:	State:	Exp. Date: _	//
Motorcycle Permit #:(If applicable)	State:	Exp. Date: _	///
	ECTLY. ANY ERROR WIL	LL CAUSE A DEL	
2) THE INFORMATION IN THIS BOX I REQUESTED TO USE THEIR OWN SCO license in order to register, and the scooter	OOTERS. Scooter students r	THOSE STUDEN	
2) THE INFORMATION IN THIS BOX I REQUESTED TO USE THEIR OWN SC	S REQUIRED <u>ONLY</u> FOR OOTERS. Scooter students r r is subject to a safety test by	THOSE STUDEN must have a motor the instructor.	
2) THE INFORMATION IN THIS BOX I REQUESTED TO USE THEIR OWN SCOLICE in order to register, and the scooter Is license endorsed for motorcycle?	S REQUIRED ONLY FOR OOTERS. Scooter students r is subject to a safety test by	THOSE STUDEN nust have a motor the instructor. n BRC)	cycle permit or

4) <u>PLEASE NOTE</u>: YOU MUST ALSO SIGN THE ENCLOSED STATE OF CT WAIVER FORM

(Double-sided form: Adult/Minor)