

STATE OF CONNECTICUT
2018 RIDER EDUCATION PROGRAM REGISTRATION FORM

*This information will be shared with CT Department of Transportation

1) PLEASE PRINT CLEARLY:

Print Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M or F Phone # Home (____) _____ Work (____) _____

Driver's License #: _____ State: _____ Exp. Date: ____/____/____

Motorcycle Permit #: _____ State: _____ Exp. Date: ____/____/____
(If applicable)

**IMPORTANT: PLEASE BE SURE TO ENTER YOUR DRIVER'S LICENSE NUMBER
CLEARLY AND CORRECTLY. ANY ERROR WILL CAUSE A DELAY
IN PROCESSING YOUR MOTORCYCLE LICENSE.**

2) THE INFORMATION IN THIS BOX IS REQUIRED ONLY FOR THOSE STUDENTS WHO HAVE REQUESTED TO USE THEIR OWN SCOOTERS. Scooter students must have a motorcycle permit or license in order to register, and the scooter is subject to a safety test by the instructor.

Is license endorsed for motorcycle?

_____ Yes, endorsement date: ____/____/____

_____ No (you MUST have a current learner's permit to use a Scooter in BRC)

Insurance Company (**not agent**): _____ Policy #: _____

Riding Experience: _____ years. Approximate Miles per year: _____

3) PLEASE READ AND SIGN: I certify that the statements made by me on this registration form are complete and true to the best of my knowledge and belief, and are made in good faith.

Signature: _____ Date: _____

**4) PLEASE NOTE: YOU MUST ALSO SIGN
THE ENCLOSED STATE OF CT WAIVER FORM
(Double-sided form: Adult/Minor)**