CNRH Motorcycle Rider Course Registration Form

Fax completed form to the CNRH Safety Office at 474-3431

Print clearly or Type required information

Name _____ **Rank/Grade** _____
Last First MI

Mailing Address _____
Street, APO/FPO City State Zip Code

Work # _____ **Home #** _____ **Cell #** _____

Fax # _____ **E-Mail** _____

Driver License, Motorcycle, Registration and Insurance Information

Driver License # _____ **State** _____ **Class or Code** _____

Motorcycle Make/Year _____ **Model** _____ **CC Size** _____
Or Moped Make/Year
Motorcycle License Plate # _____ **State** _____ **Insurance Co.** _____

Policy # _____ **Policy Period From** _____ **To** _____

Personal Protective Equipment Is Required

DOT approved helmet, eye protection, a bright colored long sleeve shirt or jacket during the day (reflective vest at night), long pants, full-fingered gloves and sturdy over the ankle footwear.

Circle Branch **USN** **USMC** **USA** **USAF** **USCG** **DOD Civilian/Contractor** **Military Dependent**

Circle Course **BRC 2 day** **ERC – 1 day**

Command Endorsement

Command/Base _____ **Unit** _____

OIC _____ **Work #** _____
Print Rank, Initials, Last Name

This individual is authorized to attend the CNRH Motorcycle Rider Course on _____
This is their appointed place of duty for these dates. It is understood that this individual could be dismissed from the class for safety reasons if their performance is affected by duty given to them immediately prior to or during this Rider Course.

Signature _____ **Rank** _____ **Date** _____