



INSTRUCTOR CANDIDATE APPLICATION

The applicant for becoming a Motorcycle Ohio Instructor shall complete this form. If the applicant meets the qualifications to be a Motorcycle Ohio instructor under Chapter 4501-53 of the Ohio Administrative Code (O.A.C.), a certificate will be issued.

O.A.C. 4501-53-03 INSTRUCTOR QUALIFICATIONS FOR CERTIFICATION TO TEACH (Effective 5-1-2016)

- (A) The department shall certify an individual to teach the BRS if the individual meets the following conditions:
- (1) Submits a completed "Motorcycle Ohio Instructor Candidate Application" to the department. No applicant shall submit an application that contains false or misleading information;
 - (2) Possesses a high school diploma or GED;
 - (3) Possesses a current first aid card, a current adult CPR card or equivalent, and an evaluation of skills performance as formalized in the motorcycle policy and procedure manual;
 - (4) Is currently an experienced motorcycle operator, licensed for at least three years preceding the date of the application with a valid motorcycle endorsement, and currently rides a motorcycle on a regular basis;
 - (5) Has a driving record free of any of the following:
 - (a) Three or more chargeable crashes within the three years preceding the date of application;
 - (b) Three or more moving violation convictions under Chapter 4511. of the Revised Code, or equivalent convictions from another jurisdiction, within the three years preceding the date of application;
 - (c) An accumulation of six or more points under Chapter 4510. of the Revised Code, or equivalent action from another jurisdiction, within the three years preceding the date of application;
 - (d) A twelve-point administrative action under section [4510.037](#) of the Revised Code, or equivalent action from another jurisdiction, within the ten years preceding the date of application;
 - (e) A suspension and/or conviction under section [4511.19](#) of the Revised Code, or equivalent conviction from another jurisdiction, within ten years preceding the date of application.
 - (6) Successfully completes an instructor preparation course approved by the director and conducted by motorcycle Ohio;
 - (7) Upon request, submits a request to the bureau of criminal identification and investigation to conduct a criminal records check and requests the bureau of criminal identification and investigation obtain information from the federal bureau of investigation as part of the criminal records check. The criminal records check shall not be dated more than forty-five days from the request;
 - (8) Has not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment in lieu of conviction for, any of the following:
 - (a) Any felony, unless the felony conviction occurred more than ten years preceding the date of application and the felony conviction is not reasonably related to a person's ability to serve safely and honestly in connection with a motorcycle training course;
 - (b) A misdemeanor of the first or second degree, unless the misdemeanor conviction occurred more than five years preceding the date of application, and the misdemeanor conviction is not reasonably related to a person's ability to serve safely and honestly in connection with a motorcycle training course;
 - (c) Any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph.
 - (9) Has not been adjudicated mentally incompetent, or been found not guilty by reason of insanity by a court of law;
 - (10) Does not engage in the illegal use of controlled substances, alcohol, or other habit-forming drugs or chemical substances while performing the duties of a motorcycle instructor;
 - (11) Has not committed fraud or material deception in applying for, or obtaining, certification to teach under this chapter;
 - (12) Upon request, provides an original signed statement from the applicant's physician, on the physician's letterhead, certifying that the applicant is mentally and physically capable of providing motorcycle safety instruction; and
 - (13) The individual meets all standards set forth in rule [4501-53-04](#) of the Administrative Code.
- (B) In addition to meeting the requirements in paragraphs (A)(1) to (A)(6) and (A)(8) to (A)(13) of this rule, motorcycle instructors certified by another state or military motorcycle safety program whose basic rider training curriculum has been shown to be in accordance with the national standards set forth in rule 4501-53-16 of the Administrative Code, shall successfully complete a special MO training session conducted by an MO chief instructor.
- (C) The department may access an applicant's driving record to verify that the applicant meets the requirements of this rule.
- (D) The department may observe and evaluate all aspects of the conduct of any course.
- (E) An individual's certification to teach shall expire on November thirtieth of the year of certification, and may be renewed annually upon application to the department pursuant to rule [4501-53-05](#) of the Administrative Code.
- (F) The department may certify an individual to teach the BRS, BRS-2, BRS-RR, and/or ARS if the individual meets the conditions of paragraphs (A)(1) to (A)(6) and (A)(8) to (A)(13) of this rule and the individual attends and successfully completes a course specific workshop or training course provided by the department.

E-mail (preferred method) completed renewal application to:

mogen@dps.ohio.gov

Ohio Department of Public Safety
ATTN: Motorcycle Ohio
P.O. Box 182081
Columbus, Ohio 43218-2081



INSTRUCTOR CANDIDATE APPLICATION

The Application must be TYPED or will not be accepted.

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS			CITY	COUNTY
STATE	ZIP CODE	HOME PHONE NUMBER		CELL PHONE NUMBER
DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE DRIVER LICENSE ISSUE
E-MAIL ADDRESS				

Have you successfully completed a basic skill waiver instructor preparation course approved by the director? YES NO

What curriculum(s) are you certified to instruct?
(Please attach your current valid certification.)

Do you currently hold an Ohio Department of Education license, certificate or permit? YES NO
If Yes, list the certification #(s) and expiration date(s). Certification # _____ Exp. _____

Please attach an original signed statement from you physician, on the physician's letterhead, certifying that you are mentally and physically capable of providing motorcycle safety instruction.

Please attach your CPR/First Aid Card(s) from a National Training agency with an evaluation of skills performance.

Do you acknowledge the Instructor professional standards set forth in rule [4501-53-04](#) of the O.A.C.? YES NO

Do you understand that the department may observe and evaluate all aspects of the conduct of any course? YES NO

Are you aware that your certification to teach in Ohio shall expire on November thirtieth of the year of certification, and may be renewed annually upon application to the department pursuant to rule [4501-53-05](#) of the O.A.C.? YES NO

Are you aware that you must report to Motorcycle Ohio in writing within ten days of the occurrence of any of the following events; The instructor receives a moving traffic violation; chargeable crash; any conviction of an offense that assesses points against your driver's license; any license suspension, cancellation, or revocation; a conviction of any criminal offense listed in this chapter? YES NO

Do you acknowledge the current Motorcycle Ohio Policy & Procedure manual? YES NO

Please attach any additional documents as requested by this department.

I hereby certify I am the applicant for a motorcycle training instructor certification in accordance with Chapter 4501-53 of the O.A.C. and I fully understand and will adhere to the applicable provisions of the Ohio Revised Code, Chapter 4508, and the O.A.C., Chapter 4501-53. I certify the information in this application is true and complete to the best of my knowledge. I understand any falsification of this document may be cause for rejection of this application or revocation of any certification issued hereunder. I certify I am in sound physical and mental health; I have no injury, nor physical or mental impairment, nor am I under the influence of any drug or medication that may affect my ability to ride a motorcycle, to effectively and safely instruct students, or to manage and conduct training.

SIGNATURE OF APPLICANT X	DATE
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FOR MOTORCYCLE OHIO USE ONLY <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED Reason why rejected:
