

# Motorcycle Training Course 2018 Registration Form



## Student Information

Please print clearly in ink:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ License Type \_\_\_\_\_

E-mail Address \_\_\_\_\_

We will notify you of your class assignment by mail, please provide a current mailing address. List a day and evening telephone number where we can contact you for possible schedule changes. If you are under the age of 18, you must have a parent or guardian co-sign your registration form and possess a valid Driver's License. All courses are contingent upon a minimum enrollment number.

1) Do you have a Motorcycle License?     No     Yes

2) Are your driving privileges subject to or under disqualification, suspension or revocation by any jurisdiction or are you required to have an ignition interlock device on your vehicles?     No     Yes (answer required)

3) How did you hear about this course? \_\_\_\_\_

4) In what NH County do you live? Please circle one:  
Belknap    Carroll    Cheshire    Coos    Grafton  
Hillsborough    Merrimack    Rockingham    Strafford    Sullivan

### IMPORTANT

**Courses cannot be rescheduled or refunded once you are placed in a class.**

### QUESTIONS?

Telephone: 603-227-4025  
Email: [Motorcycle.ridertraining@dos.nh.gov](mailto:Motorcycle.ridertraining@dos.nh.gov)  
*Registrations not accepted via email*

## 3) Tell us when you want to ride

**List as many dates and locations as possible. Next to the dates, list your preferred locations in order of your preference.**

Code	Dates	Locations

**Please note:** Classes fill very quickly, especially at the beginning of the year. By choosing many different dates and locations, you increase your chances of being enrolled in a class. Add an additional sheet if necessary. **If all of your choices are full, we will return your registration and request that you add more dates.**

## Course Type and Tuition

Choose one of the following:

### Basic Rider Course (BRC)

NH resident \$155    Non-resident \$205

### Intermediate Rider Course (IRC)

Requires previous attendance in a BRC, previous class # \_\_\_\_\_

NH resident \$60    Non-resident \$80

### Experienced Rider Course (ERC)

NH resident \$65    Non-resident \$85

**Please read the following and sign below:** Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a written test and a riding skill evaluation. If you are unable to complete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to meet the objectives of the training or if you put yourself or any other student at risk, the Instructor must dismiss you from the course.

**This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(For applicants under 18 years old)

#### 4) Please submit this completed form with payment to us:

**Mail to:**

Division of Motor Vehicles  
ATTN: Motorcycle Rider Training Program  
23 Hazen Drive  
Concord, NH 03305

**Or FAX to:**

603-271-0368

**Or register in person at the MRT desk during normal DMV hours, 8:00am to 4:30pm:**

Division of Motor Vehicles  
23 Hazen Drive  
Concord, NH 03305  
Telephone: 603-227-4025

#### Select Payment Option

Check or Money Order. Please make payable to "NH DMV"

**Returned check policy:**

We may re-present your checks electronically for any check returned for insufficient or uncollected funds. Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution. Per RSA 6:11-a, A fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.

Credit card. Please provide your credit card information below:

Type of card

- Visa
- Master Card
- American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

#### For Office Use Only
