

COMMONWEALTH OF KENTUCKY MOTORCYCLE SAFETY EDUCATION PROGRAM

Approval Process for Training Provider

Approval Procedures

Individuals interested in becoming approved motorcycle rider training provider shall submit an application with other required records to the Transportation Cabinet, Office of Highway Safety Programs. The Transportation Cabinet shall approve or deny the application in writing no later than 30 days after receiving a complete application and required documents.

The attached application and other listed documents should be submitted to:

Jay Huber
Motorcycle Education Program Administrator
200 Mero Street
Frankfort, KY 40622

If you need to contact Mr. Huber, see below for his information:

Jay Huber Phone: (502) 564-1568
E-Mail: jay.huber@ky.gov

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING:

Please attach all required information in the order shown below.

Application packets must be complete to be reviewed. Incomplete packets will be returned.

1. Documentation of Qualifications

- Description of expertise in offering this or similar types of programs.
- Range approval certification or application for certification.
- Schedule of range availability or proposed course schedule.
- List of training motorcycles including VIN # or plan to acquire them.
- Maintenance records of owned motorcycles (if available).
- Copies of policies or quotes to obtain required insurance.
- Business plan showing anticipated costs and revenues to determine viability
- Policy and procedures manual for course delivery, site and equipment maintenance.

**COMMONWEALTH OF KENTUCKY
MOTORCYCLE SAFETY EDUCATION PROGRAM**

TRAINING PROVIDER APPLICATION

Training Provider Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Owner / Chief Official: _____

Telephone Number: _____ **Email Address:** _____

Student Contact Name / Title: _____

Telephone Number: _____ **Email Address:** _____

Financial Officer Name / Title: (can answer invoice questions) _____

Telephone Number: _____ **Email Address:** _____

Curriculum(s): (Circle all that Apply) **MSF** **Total Control** **HDRA** **Motorcycle Ohio** **Other**
If Other, then please provide a copy of the curriculum to be taught including course materials.

Course(s) to be offered: _____
Please attach a proposed schedule

Range Address: (if different than above) _____

City: _____ **State:** _____ **Zip Code:** _____

Classroom Address: (if different than above) _____

City: _____ **State:** _____ **Zip Code:** _____

Do you own the range where classes will be conducted? *Yes or No*

If No do you have a letter of agreement with the property owner? *Yes or No*

If Yes, please provide a copy of that agreement.

Do you have enclosed storage facilities for the training motorcycles? *Yes or No*

If No please provide a plan to acquire a storage unit(s).

Will the training motorcycles be stored at the range facility? *Yes or No*

If No please provide storage address: _____

Is it mobile storage (trailer)? *Yes or No*

Do you own the classroom where classes will be conducted? *Yes or No*

If No do you have a letter of agreement with the property owner? *Yes or No*

If Yes, please provide a copy of that agreement.

Is the classroom large enough to seat all students and instructors comfortably with a writing surface for each student? *Yes or No*

Is the classroom mobile (trailer)? *Yes or No*

Are restrooms available at both your classroom and range facilities? *Yes or No*

If No please provide a plan to provide these.

Are the classroom and range facilities ADA compliant? *Yes or No*

Do you have certified instructors in your area willing to provide training? *Yes or No*

If Yes, then please provide a list of those instructors along with their certification number.

If No, do you have a list of potential instructors who will require certification? *Yes or No*

If Yes, then please provide the list of candidates with contact information.

Have you read the administrative regulations and contract terms for the program? *Yes or No*

Are you willing to, and can you abide by all listed requirements? *Yes or No*

I agree to abide by all requirements stated in Motorcycle Education Program statutes and administrative regulations concerning training providers. I understand that if I violate any of the requirements as provided in the statutes or regulation, the cabinet is empowered to revoke or deny my approval.

I certify that the information given in this application form is correct and complete to the best of my knowledge. I am aware that falsification of any information may result in denial or revocation of approval.

Signature of Applicant: _____ Date: _____