



MCLB ALBANY MOTORCYCLE SAFETY COURSE REGISTRATION FORM



For office use:
Date Received: _____ Duty Status: _____

FULL NAME: _____
(First) (Last) (MI)

RANK (if Active Duty): _____

ORGANIZATION / COMMAND: _____

DUTY STATUS (Circle one): (Active Duty Military) (Reserve/National Guard) (DoD Civilian)
(Retiree) (Dependent)

COURSE DESIRED (Circle one): Basic Rider Course (BRC), Experienced Rider Course
(ERC), Military Sport Bike Rider Course (MSRC).

EMAIL ADDRESS WHERE WE CAN CONTACT YOU: _____

FULL HOME ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

AGE: _____ GENDER: _____ SSN (Last Four): _____

DRIVERS LICENSE #: _____ CLASS: _____ STATE: _____

Have you ever ridden a Motorcycle? Yes _____ No _____

Do you currently own a Motorcycle? Yes _____ No _____ If yes,

Make: _____ Model: _____ Year: _____ cc Size _____

How long have you owned this motorcycle? _____

How many years motorcycling experience do you have? _____

Do you have any handicaps or physical limitations that might affect your coordination or
your ability to operate a motorcycle? Yes _____ No _____

If yes, please describe: _____

Are you taking any kind of medication? Yes _____ No _____

If yes, please describe: _____

Signature: _____ Date: _____

In order to verify your eligibility, please attach a copy of the front side of your identification card.

The following identification cards are accepted:

- a. US Government Common Access Card, Uniformed Services
- b. Armed Forces of the US Common Access Card
- c. US Government Common Access Card, Civilian
- d. US Uniform Services, DD Form 2, Retired
- e. US Uniformed Services, DD Form 1173S, Dependent
- f. US Uniformed Services, DD Form 1173.1S, Active Reserve

Fax your registration
form to 639-7226

**Contract personnel who do not possess one of the Identification Cards above are not
eligible to attend Motorcycle Safety Courses sponsored by MCLB Albany.**