

COLORADO DEPARTMENT OF TRANSPORTATION - OFFICE OF TRANSPORTATION SAFETY
M.O.S.T. INSTRUCTOR APPLICATION

Return completed applications to:

COLORADO DEPARTMENT OF TRANSPORTATION
 OFFICE OF TRANSPORTATION SAFETY
 4201 E. Arkansas Ave.
 Denver, Colorado 80222
 (303) 757-9069 (phone)
 (303) 757-9219 (FAX)
 E-mail: paul.peterson@dot.state.co.us



Applicant			
Date of birth (mo./day/yr.) / /		Workphone	Personal/cell phone
Mailing address		Colorado driver's license no.	
		Expires (mo./day/yr.) / /	
City	State	Zip code	E-mail address

1. Do you have a motorcycle license endorsement? yes no
2. Have you been convicted of any offense which is assigned 8 or more points on your drivers license within the past 3 years? yes no
3. Has your driver's license been revoked or suspended by Colorado or any other state within the past 3 years? yes no
4. Have you ever been convicted of any offense which involved tampering with a government document? yes no
5. Do you hold an Instructor Certification from the Motorcycle Safety Foundation?
 MSF cert. no. _____
 Date issued mo. day yr. valid until mo. day yr. yes no
6. Do you hold any other Motorcycle Safety Instructor Certification? If yes complete: yes no
 a. From whom _____
 b. Date issued mo. day yr. valid until mo. day yr.
7. Please read, sign and date the Instructor Certification Form (attached), and return with this application.
8. Please enclose a current copy of your DMV record and MSF card.

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.

Signature	Date / /
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