

Motorcycle Training Course 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? _____

IMPORTANT

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

QUESTIONS?

Telephone: 603-227-4025
 Email: Motorcycle.ridertraining@doh.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)

DSMV 414 (Rev. 1/19)

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. No refunds unless authorized by the Department of Safety.

Type of card

- Visa
 Master Card
 American Express
 Discover

Card Number: _____

Exp. Date: _____ CSV: _____

Name of Card Holder: _____

Billing Address: _____

Card Holder's Signature: _____

For Office Use Only

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