

## New York State Motorcyclist Safety Program Student Registration Form

NYSMSP site name Capital Area Motorcycling School, Inc date \_\_\_\_\_

### personal data

Name _____		
(first)	(full middle)	(last)
Address _____		
(street)	(city)	(state) (Zip)
Date of birth (m/d/yr.) _____ sex m ( ) f ( ) *driver's lic. no. _____ state _____		
Work phone ( ) _____ home ph ( ) _____ mobile ph ( ) _____		
email: _____		
if you do not have a driver's license, do you have a learner's permit? ( ) yes ( ) no		do you have a motorcycle license or endorsement? ( ) yes ( ) no
*if yes, enter permit no. _____		*if yes, enter license no. _____
have you completed driver's ed? ( ) yes ( ) no		if no, do you have a motorcycle learning permit? ( ) yes ( ) no
*if yes, enter completion date (m/d/yr) _____		if yes, enter permit no. _____

### on-street riding experience

have you ridden a street motorcycle regularly in the last five years? 1. ( ) yes 2. ( ) no how much street riding experience do you have? (check one)

1. ( ) just beginning (less than 500 miles)	3. more than a year <u>and</u>
2. less than a year <u>and</u>	a. ( ) 500 to 2000 miles
a. ( ) 500 to 2000 miles	b. ( ) more than 2000 miles
b. ( ) more than 2000 miles	if more than a year, please fill in number of years: _____

how many on-street miles have you ridden in the past year? \_\_\_\_\_ miles

do you own a street motorcycle/motorscooter? 1. ( ) yes 2. ( ) no if yes, what size? \_\_\_\_\_ cc

what is your primary reason for riding a motorcycle/motorscooter? on street?

1. ( ) commuting 2. ( ) recreation 3. ( ) other \_\_\_\_\_

have you ever been involved in an on-street motorcycle/motorscooter accident? 1. ( ) yes 2. ( ) no

### off-road riding experience

do you have any off-road experience? 1. ( ) yes 2. ( ) no if yes, how many miles have you ridden off-road in the past year? \_\_\_\_\_ miles

### how did you find us?

how did you hear about this course? (check all that apply)

1. ( ) newspaper ad	7. ( ) nyabate	13. ( ) word of mouth
2. ( ) magazine ad	8. ( ) department of motor vehicles	14. ( ) insurance company
3. ( ) radio ad	9. ( ) college/adult ed publications	15. ( ) internet search
4. ( ) tv ad	10. ( ) nysmsp.org (website)	16. ( ) friend or relative
5. ( ) newspaper articles	11. ( ) toll-free phone number	17. ( ) poster
6. ( ) dealer	12. ( ) brochure or flyer	99. ( ) other _____

have you ever called for rider course information? 1. ( ) yes 2. ( ) no have you ever taken this course before? 1. ( ) yes 2. ( ) no may nysmsp contact you in the future? 1. ( ) yes 2. ( ) no

do not write below this line

office copy

course taken: ( ) basic ( ) experienced ( ) other \_\_\_\_\_

written test score \_\_\_\_\_ riding test score \_\_\_\_\_ comp. card #: \_\_\_\_\_

check one: ( ) passed ( ) failed ( ) dropped early ( ) dropped late

if student is a carryover from a previous class, check this box ( )

\*eligibility verified by site representative (initials) \_\_\_\_\_