



<b>FRTTP USE ONLY:</b>	
DATE RECEIVED:	_____
DL RECORD CHECKED:	_____
MC ENDORSEMENT:	_____
RCAP SENT:	_____
ACCEPTED/UNACCEPTED	_____

## RIDERCOACH APPRENTICE PROGRAM APPLICATION

### PART A. APPRENTICE DATA

First Name (Proper)      MI      Last Name      Common First Name

Street Address      Apartment      Birth Date

City      State      Zip Code      County      Driver License #      State

Employer      Occupation

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail: \_\_\_\_\_

DO NOT Call at Work

RCP schedule format preferred:     Three Weekend Schedule     Seven Day Schedule     No Preference

### PART B. MOTORCYCLE RIDING EXPERIENCE

Do you currently own or operate a motorcycle on a frequent and routine basis on public roadways?\*\*\*

Yes       No

Do you currently have a motorcycle endorsement?\*\*\*

Yes       No

How many years have you been riding? \_\_\_\_\_

How many miles do you routinely ride each year? \_\_\_\_\_

Date you completed the Basic RiderCourse (BRC)? \_\_\_\_\_

### PART C. DRIVING RECORD AND HEALTH ISSUES

Has your driver's license ever been suspended or revoked?

Yes     No    Date: \_\_\_\_\_

Have you ever been convicted of a DUI?

Yes     No    Date: \_\_\_\_\_

Do you have any medical conditions that could hinder or limit your ability to coach?

Yes     No

*If you answered "yes" to any question in Part C, use a separate sheet of paper to explain.*

### PART D. ITEMS RIDERCOACH APPRENTICE OR SPONSOR MUST PROVIDE

1. Drivers Licenses Record Check \*\*\*  
(3 year driver history record – If candidate has been licensed outside of Florida in the past 3 years, candidate must obtain a Driver License Record Check from the State of licensing)
2. Completed original application mailed to address provided on the last page.\*\*\*
3. A copy of the candidate's most recent (within 1 year) Basic RiderCourse completion card. \*\*\*

\*\*\* Indicates required prerequisite for initial acceptance.

**RIDERCOACH APPRENTICE PROGRAM APPLICATION (CONTINUED)**

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**PART E. RIDERCOACH APPRENTICE AGREEMENT AND SIGNATURE**

I understand that completion of this Application does not guarantee acceptance into the FRTP RiderCoach Apprentice Program. My driving record(s), application and BRC card copy will be reviewed by FRTP staff prior to acceptance or denial into the FRTP RiderCoach Apprentice Program.

Additionally, by signing my name, I agree to participate in the Basic Rider Courses as an observer, student rider, or range assistant only.

*Providing any coaching tips or riding techniques is strictly forbidden during any FRTP sponsored training event. Failure to comply could result in immediate rejection of your Application.*

My signature below indicates that the information I have provided in this Application is complete and accurate. Also, this Application is only valid for one year from the date of acceptance into the FRTP RiderCoach Apprentice Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PART F. RIDERCOACH APPRENTICE SPONSOR/ADMINISTRATOR AGREEMENT AND SIGNATURE**

I understand that I, the Sponsor/Administrator, will ensure that the RiderCoach Apprentice will be provided with all vital information concerning FRTP policies and FRTP Administrative Rules, and will be adequately prepared in both classroom and range presentations prior to requesting an RCAP Evaluation and selection to a RiderCoach Preparation course. If there are any changes in the status of this Apprentice with the Sponsor/Administrator, I will promptly notify FRTP.

**I have personally screened this Application. To the best of my knowledge, it is complete and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
RERP#

\_\_\_\_\_  
E-Mail Address

1. Maintain a copy of the Application for both the Sponsor and Apprentice.
2. Mail completed Application with original signatures and other required paperwork to:

FRTP/Ray Zurenda  
1240 Huntington Avenue  
Springhill, Florida 34609

Contact the FRTP office at 727.365.9950 or at [FRTP@hsmv.state.fl.us](mailto:FRTP@hsmv.state.fl.us) with any questions.

\*\*\* Indicates required prerequisite for initial acceptance.