

Colorado State Patrol

Motorcycle Operator Safety Training (MOST) Instructor Application

Colorado State Patrol MOST, 15055 S. Golden Road, Golden, CO 80401 Phone 303-273-1844

Upload Application to your COMOST.com profile.

Direct inquiries to the Colorado State Patrol:

chris.corbo@state.co.us or

cspmost@state.co.us



COLORADO

State Patrol

Department of Public Safety

New Application

Renewal Application

Note: Complete and attach Form DR 2559.

Applicant's Name (Last name, First Name)			MOST Instructor #	
Date of Birth (mm/dd/yyyy)		Work phone		Personal/cell phone
Mailing address		Colorado Driver's License Number		Driver Lic Expiration (mm/dd/yyyy)
Apartment Number		E-mail address (required)		
City	State	Zip code	Enter E-mail Address again (to validate)	
<p>1. Do you have a current motorcycle license endorsement? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Have you been convicted of any offense which is assigned 8 or more points on your drivers license within the past 3 years? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Has your driver's license been revoked or suspended within the past 3 years? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Have you ever been convicted of any offense which involved tampering with a government document? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Are you a certified instructor for Motorcycle Safety Foundation® or Total Control® Training, Inc? <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">a. MSF or TC cert. no _____</p> <p style="margin-left: 20px;">b. Date issued (mm/dd/yyyy) _____ valid until (mm/dd/yyyy) _____</p> <p>6. Do you hold any other Motorcycle Safety Instructor Certification? If yes complete: <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">a. From whom _____</p> <p style="margin-left: 20px;">b. Date issued (mm/dd/yyyy) _____ valid until (mm/dd/yyyy) _____</p> <p>7. List the location, school/vendor, and dates of two CO MOST Courses (two or three-Wheel: BRC, BRC2, or IRC) you instructed in the previous year. Note: In order to re-certify for the next calendar year, Instructor's must have taught a minimum of three (3) MOST courses the previous year - one of which must have been the BRC.</p>				
Range location		Sponsor		Dates <input type="checkbox"/> <input type="checkbox"/>
Range location		Sponsor		Dates <input type="checkbox"/> <input type="checkbox"/>
Range location		Sponsor		Dates <input type="checkbox"/> <input type="checkbox"/>

8. Name(s) of Vendors/School(s) you work with:

9. MOST Instructors must maintain at least Basic First Aid and Cardio Pulmonary Resuscitation (CPR) certification to remain eligible for MOST recognition. Advanced First Aid programs or Certified First Responder/EMT are also acceptable.

Do you hold any CPR or equivalent certification? If yes complete:

List Certification and provide expiration date: _____

10. Personal Development Workshop(s) (PDW): Per Rule and Regulation (10.3.10):

Have you completed the required PDW for this certification period?

Please list the PDW that you completed and the completion date.

If the required PDW has not been completed yet, you can still submit your application. Certification expires on February 29th, so you have until then to submit. Once the PDW is complete send the information to the MOST Program Coordinator using the PDW Attestation Form. The application will not be approved until the required documentation has been presented to the MOST Program Coordinator.

11. Harassment Training:

Have you completed the required Harassment Training for **THIS** upcoming certification period?

Once Per Certification period is required

If you have not complete the Harassment Training. Be advised a report will be run prior to end of the cert period. And you will be put on hold until completed.

AS AN INSTRUCTOR, I AGREE TO (check all the boxes):

- Exhibit safe riding practices at all times.
- Wear all protective gear whenever seated on a motorcycle during a course as required by CO 8 CCR 1507-56 and Curricula.
- Keep the Range/Range motorcycle(s) in safe operating condition in accordance with the guidelines followed by MOST.
- Conduct all MOST courses in accordance with program and curriculum guidelines and standards.
- Be able to and properly demonstrate all riding range exercises.
- At no time operate a motorcycle under the influence of drugs or alcohol.

At no time use tobacco type products or electronic devices in unapproved manner while actively coaching.

I acknowledge that I reviewed the CO MOST PNP and I agree to abide by all rules and regulations (8 CCR 1507-56) , policies and procedures, and the Accountability and Resolution Matrix, established within the Motorcycle Operator Safety Training program

Furthermore, I understand that any violation of said regulations, policies and/or procedures will be handled per the Accountability and Resolution Matrix and could result in my immediate dismissal from the Motorcycle Operator Safety Training program.

Instructor Name (printing of name constitutes a signature)

Date

By adding my name above and submitting this form to the Colorado State Patrol, I declare under the penealty of purgery and all applicable state and federal laws, that all information supplied and all statements made on this form are true and accurate to the best of my knowlege.