

N.7 Rider Education Program Levels Application (Level I – III)



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS PROGRAM APPLICATION (LEVEL I-III)

Date of Application / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State: _____ Zip: _____
Validation Officer Name: _____	Title: _____	Date / /

Participants are STRONGLY URGED to wear proper riding gear while riding!

LEVEL I - SAFETY BY COMMITMENT - SAFE RIDER/CO-RIDER

This program is a commitment to safe riding. Submit the completed form to your Chapter or District Educator. Patches are available at **\$6.00 FOR EACH PARTICIPANT**. With your purchase you will receive ONE SAFE MILES PATCH, either a RIDER or CO-RIDER ROCKER and a Safe Miles pin if applicable.

<input type="checkbox"/> Please enroll Rider in Level I.	<input type="checkbox"/> Please enroll Co-Rider in Level I.
<input type="checkbox"/> Rider Patch and Pin request	<input type="checkbox"/> Rider: Safe Miles pin needed: _____
<input type="checkbox"/> Co-Rider Patch and Pin request	<input type="checkbox"/> Co-Rider: Safe Miles pin needed: _____

LEVEL II - SAFETY BY EDUCATION – TOUR RIDER/CO-RIDER EDUCATION

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form to your Chapter or District Educator. Patches are available at **\$5.00 FOR EACH PARTICIPANT** With your purchase you will receive either a Rider or Co-Rider triangle patch.

TOUR RIDER

TOUR CO-RIDER

<input type="checkbox"/> Enrolled in Safe Rider Program (Level I)	<input type="checkbox"/> Enrolled in Safe Co-Rider Program (Level I)
<input type="checkbox"/> I have 5000 Safe Miles!	<input type="checkbox"/> I have 5000 Safe Miles!
<input type="checkbox"/> M/C License or Endorsement (if required)	<input type="checkbox"/> Approved Rider Course or Co-Rider Seminar within 3 years:
<input type="checkbox"/> Approved Rider Course within 3 years:	Type of Course Taken: _____ Exp. Date: / /
Type of Course Taken: _____ Exp. Date: / /	<input type="checkbox"/> Co-Rider Patch request
<input type="checkbox"/> Rider Patch request	

LEVEL III - SAFETY BY PREPAREDNESS - CERTIFIED TOUR RIDER/CO-RIDER

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form to your Chapter or District Educator. Patches are available at **\$4.00 FOR EACH PARTICIPANT** With your purchase you will receive either a TOUR RIDER or CO-RIDER patch.

CERTIFIED TOUR RIDER

CERTIFIED TOUR CO-RIDER

<input type="checkbox"/> Enrolled in Level 1 and current in Level II	<input type="checkbox"/> Enrolled in Level 1 and current in Level II
<input type="checkbox"/> M/C License or Endorsement (if required)	<input type="checkbox"/> Current CPR or FIRST AID Provider:
<input type="checkbox"/> Current CPR or FIRST AID Provider:	CPR Provider: _____ Exp. Date: / /
CPR Provider: _____ Exp. Date: / /	First Aid Provider: _____ Exp. Date: / /
First Aid Provider: _____ Exp. Date: / /	<input type="checkbox"/> Approved Rider Course or Co-Rider Seminar within 3 years:
<input type="checkbox"/> Approved Rider Course within 3 years:	Type of Course Taken: _____ Exp. Date: / /
Type of Course Taken: _____ Exp. Date: / /	<input type="checkbox"/> Co-Rider Patch request
<input type="checkbox"/> Carries First Aid Kit on the Bike	
<input type="checkbox"/> Rider Patch request	

HIGH MILEAGE PROGRAM

To be eligible you must have accumulated 50,000 miles. Have your TOTAL mileage validated by any GWRRA Officer. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive the HIGH MILEAGE PIN and the MILEAGE BAR. As you accumulate additional miles, in 50,000-mile increments, you can receive additional hanger bars for \$2.00 each by submitting the update form to your Chapter or District Educator.

<input type="checkbox"/> First High Mileage Application <input type="checkbox"/> Rider _____ Miles <input type="checkbox"/> Co-Rider _____ Miles	MILEAGE VERIFICATION		
	Bike	Year	Mileage

SUMMARY

Fees are only applicable if patches are requested or applying for the High Mileage Program

Total Fees: _____ Date: / / Pins/Patches Issued By: _____
 Patches Issued R/W (B/G add \$1.00) (Only sign if pins or patches were issued)

Mail form to: Bill Ferneding, 7294 California Lane, Okeana Ohio 45053

E-mail Address: safetybill@fuse.net