

# N.9 Master Tour Rider/Co-Rider Application (Level IV)



## GOLD WING ROAD RIDERS ASSOCIATION, INC.



### RIDER EDUCATION PROGRAM MASTER TOUR RIDER/CO-RIDER APPLICATION (LEVEL IV)

Date of Application / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State: _____ Zip: _____

#### MASTER APPLICATION

Submit the completed form to any GWRRA officer for validation. Forward the completed form along with **\$35.00 USD FOR EACH PARTICIPANT** to your District Educator. You will receive a standard Master Triangle Patch with your Master Number embroidered on it. **Black & Gold patches are available with the embroidered number for an additional \$8.00 USD per patch.**

<input type="checkbox"/> <b>Black &amp; Gold Patch Requested</b>	<b>Amount Enclosed</b> _____	<b>\$</b> _____
<input type="checkbox"/> Certified Tour Rider/Co-Rider for at least one year.	<input type="checkbox"/> Carries First Aid Kit on the motorcycle	
<input type="checkbox"/> Has ridden minimum of 25,000 Safe Miles (40,500 km)	<input type="checkbox"/> Rides with proper protective gear	
<input type="checkbox"/> Has maintained all Level III requirements (current in Level Database)		
Current Safe Miles: <b>Rider</b> Safe Miles/km _____	<b>Co-Rider</b> Safe Miles/km _____	
<input type="checkbox"/> Current CPR and FIRST AID Provider		
<b>Rider:</b> CPR Provider: _____ Exp. Date: ____/____/____	<b>First Aid Provider:</b> _____ Exp. Date: ____/____/____	
<b>Co-Rider:</b> CPR Provider: _____ Exp. Date: ____/____/____	<b>First Aid Provider:</b> _____ Exp. Date: ____/____/____	
<input type="checkbox"/> Current Rider Course within the past 3 years		
<b>Rider:</b> Type of Course Taken: _____ Expiration Date: ____/____/____		
<b>Co-Rider:</b> Type of Course Taken: _____ Expiration Date: ____/____/____		

#### MASTER RECOGNITION PROGRAM

Recognition for years in the Master Program in increments of 5, 10, or 15 (or greater) years. Refer to the "Master Recognition Program Eligibility List" to determine if you qualify for this recognition. You must be current in the program to qualify. Send the completed form with the color indicated you want, along with **\$2.00 USD PER PATCH** to your District Educator. You will receive the patch you qualify for.

**Amount Enclosed for Patch(es)** \_\_\_\_\_ **\$** \_\_\_\_\_

<input type="checkbox"/> <b>Senior Master</b> (5 years from year of Level IV)	<input type="checkbox"/> Rider	<b>Rider Master #</b> _____	<b>Year Issued</b> _____
<input type="checkbox"/> <b>Grand Master</b> (10 years from year of Level IV)	<input type="checkbox"/> Co-Rider	<b>Co-Rider Master #</b> _____	<b>Year Issued</b> _____
<input type="checkbox"/> <b>Life Grand Master</b> (15 years from year of Level IV)			
<input type="checkbox"/> Patch(es) Needed (\$2.00 USD per patch)			

#### SIGNATURES AND APPROVALS

##### Signatures required for new application only

I am affirming by my signature that I agree to abide by the requirements set forth by GWRRA for the Master Tour Rider including continuing training and preparation and by riding **at all times** in proper riding gear.

_____ Rider Signature	_____/_____/_____ Date	_____ Co-Rider Signature	_____/_____/_____ Date
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I recommend the above member/s for Level IV of the GWRRA Master Tour Rider/Co-Rider Program.

_____ Validating Officer Title	_____ Validating Officer Signature	_____/_____/_____ Date
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#### FOR OFFICE USE ONLY:

Region Educator Approval: _____	Date: ____/____/____	Amount Received: _____
Master Number Issued: Rider _____	Co-Rider _____	Check Number: _____

**For New Applications or Master Recognition Program mail completed form and fee to:**

**Bill Ferneding, 7294 California Lane, Okeana Ohio 45053  
email:safetybill@fuse.net**