LA. DEPT OF PUBLIC SAFETY: MOTORCYCLE OPERATOR TRAINING COURSES

<u>Course Registration</u> (Registration must be received 2 weeks prior to course date)

1.	Select course TYPE ^{1,2,3,4} (check one) Basic Course ³ : \$100 w/ DPS MC) Basic Course ³ : \$25 (using personal MC) Intermediate ^{2,3} : \$25 using personal MC) Intermediate ^{2,3} : \$25 Intermediate ^{2,3} : \$25 Intermediate ^{2,3} : \$25							
*	 Personally owned motorcycles used in the <u>BASIC</u> course can be no larger than <u>550cc</u> in engine displacement. Full time POST certified Law Enforcement Officer (LEO) (Submit copy of POST/ID certification) Participants must have M/C endorsement (ex. Basic Course) and street legal M/C (Registered, insured & inspected). All students under 18 years of age will require parental permission. * Instructor (MSF RiderCoach) Preparation Course: Contact office for dates, pre-requisites & details) 							
2.	2. Select a Course Location & Date from the website: <u>https://www.lsp.org/services/training/motorcycle-safety/</u>							
	 South Louisiana: Zachary (BR area), Gonzales, Hammond, Lafayette, Thibodaux & Westwego North Louisiana: Minden or West Monroe 							
	1 st Choice Location Date 2 nd Choice Loc Date 3 rd Choice Loc Date							
	Courses are filled on a first come- first served basis. Assignments are determined when registration is received. Fees are NON-REFUNDABLE unless the course has been cancelled by the LA. DPS MC Safety Program Basic Course Participants MUST successfully complete the on-line Motorcycle Safety Foundation (MSF) e-Course prior to attending the practical "range" exercises. A link to the e-Course will be emailed to you upon registration. *Basic Course MUST Complete the 5 hour e-Course at least one (1) week prior to course start date.							
3. COURSE FEES: MONEY ORDER /Cashier's Check ONLY Payable to: LA DEPT. of PUBLIC SAFETY								
4.	NAME (First) (middle initial) (Last)							
	Address (City) (State) (Zip)							
	Parish Driver's License No (State) (MC endorsement) Yes 🗌 No 🗍							
	D.O.B/ (Sex) M [] F [] Money Order or cashier's check #							
	Phone(s) Cell or (Home) () (Work) ()							
	Email address(s) (Primary) (<i>Alternate</i>)							
	Do you currently own a motorcycle? Yes No If yes (Make) (Model)							
	Do you have any physical or mental condition(s) that would interfere with your ability to operate a motorcycle safely? Yes ¹ \square No \square							
	¹ If yes, list the condition(s)							
	 <i>Required Equipment to participate in the riding sessions: (Student Supplied):</i> M/C Helmet DOT cert. min. (Full face or ³/₄ recommended) Eye protection [(face-shield, goggles, safety glasses) (Jacket or shirt) Long pants [(sturdy non-flared or non-baggy) (Full fingered (Leather or ballistic nylon recom.) Boots [(Sturdy, over the ankle footwear) Rain gear (<i>Recom. in the event of rain</i>) [Water/ snacks for on-range sessions /<i>Pen, pencil for classroom sessions</i> 							
5. Request confirmation by: Email \rightarrow [] (List valid email address(s) w/ approx. 500k min available space/ check email filters								
6.	$US \ mail \rightarrow \qquad \Box \ (include \ a \ self-addressed \ \underline{STAMPED \ envelope} \ for \ a \ confirmation \ letter)$ $Signature: ______$							
I have read and understand in its entirety the information presented here and I affirm that the information that I have submitted is correct.								
7. MAIL Registration, Waiver & Course Fee to: LA Dept. of Public Safety/ MC Safety Program								
DPS use only: Assigned Course (Rev.6/2024) 1400 W. Irene Rd., Zachary, LA 70791 Location: Date: Office Phone: 225-658-7255 Email: LSPMotorcycleSafety@LA.GOV								
	Location: Date: Office Phone: 225-658-7255 Email: LSPMotorcycleSafety@LA.GOV							

Louisiana Department of Public Safety and Corrections Motorcycle Safety, Awareness and Operator Training Program

Motorcycle Operator Training Course Student Waiver and Release Form

This form must be completed, signed, and submitted with your registration form before you begin the motorcycle operator-training course. *Participants under the age of 18 years must have signed approval of a parent or legal guardian to participate in this motorcycle safety course.*

NAME:					
(First)	(Middle)	(Last)			
HOME ADDRESS:(Street)	()	City)	(State)	(Zip)	
TELEPHONE NUMBER: ()		DATE OF BIRTH:	· · ·	/	
DR. LIC. #			Month	Date Year	-
Motorcycle endorsement? Yes N		Email:			
Do you have, as far as you know, any motorcycle safely?	physical or menta	al condition(s) that would	interfere v	vith your abili	ty to operate a
Yes No If yes, list the					
agencies and other organizations affilia action, including but not limited to all operator training course referred to al undersigned participant and others of r Public Safety, its employees, members, this course, and hold them harmless for against them as a result of the undersign defending against any claim or judgment true and correct, it is agreed that the un- such consent shall not be unreasonably Signature of participant *	bodily injuries, de bove, it being speci- notorcycles. The un agents, representati- any liability, loss, d ned's participation at and incurred in n dersigned shall hav	eath and property damage fically understood that said indersigned further agree(s) ives, and those governmenta lamage, cost, claim, judgme in said course. This indemn legotiating any settlement. If we the opportunity to consen "Signature of paren under the age of 18 instructor's presence Relationship	arising ou d course im- to indemni l agencies a ent, or settle ification sh It is underst t to any suc t to any suc t or legal gu years. If the p e, complete th	t of participati cludes the open fy the Louisian nd other organi ement that may all include atto tood that the rea h settlement, pu ardian is required parent/guardian the affidavit below	ion in the motorcycle ration and use by the a State Department of izations affiliated with be brought or entered rney's fees incurred in quested information is rovided, however, that d if the participant is cannot sign in the
		Telephone (H)		(W)	
Participant birth-date verified by instructor	Yes No	Instructor Signature _			_ Date
*(Registration for minors only when paren I,	have read t	, age s conducted by the Louisi	_, who is n ana Depar	ny tment of Publ	_to enroll and
Notary Public (Type or	print)		Address		
Notary Public (Signatur	e)	City	State Z	Zip Parish	