



PRIVATE PROVIDER APPLICATION

The authorizing official of the business shall complete this form. A separate form is required for each site. The authorizing official is the person who owns the business or who maintains responsibility for its operations on behalf of the owner, particularly when the owner is a corporation. (See Ohio Administrative Code [O.A.C.] 4501-53-01). The application for provider certification will be accepted only when the application is complete and accurate.

NEW APPLICATION CHECKLIST (Items must be submitted with the application)

- Motorcycle Ohio Private Provider Application (MOP0043)
 - Business name registered name with Secretary of State
 - "New Application" marked on the caption
 - The identification (on the application) of the person or persons who will serve as the authorizing official for the business and the Authorizing Official.
- Mail to our office to the address provided at the bottom a report of a criminal records check from the Ohio Bureau of Criminal Identification and Investigation for the criminal history of the authorizing official. The report shall be dated no more than 60 days prior to the date the application is received in the Office of Motorcycle Ohio.
(www.ohioattorneygeneral.gov)
- A copy (electronic or paper) of your program policies as they pertain to the rider education program and O.A.C. 4501-53-06 & 4501-53-07 sent to the below address. (Your program policy should include: Name of curriculum used, Instructor requirements, Student / teacher ratios, Attendance requirements for Tardiness / Course completion / Class make up, ADA policy administration, Registration, Refunds, Walk-ins, Use of student-owned motorcycles in curriculum(s) approved by the Director, Record keeping, Course completion, Student eligibility requirements, Harassment and discrimination policies, Complaint procedures)
- A copy of financial
 - No less than one million dollars per occurrence and two million dollars aggregate for bodily injury of property damage.
 - Medical coverage in the amount of ten thousand dollars for each individual injured.
 - Provide for coverage from the first dollar for students injured without their own medical coverage.
 - The training provider named as an additional insured.
 - The Ohio Department of Public Safety, Motorcycle Ohio, 1970 West Broad Street, Columbus, OH 43223 named as an additional insured.
 - Per Ohio Revised Code 2743.02 (<http://codes.ohio.gov/orc/2743.02>) a waiver of subrogation is required.
- A copy of the current student waiver and release form.
- A copy of the emergency instructions readily available during range exercises.
- The approved range documentation with the letter of approval from the curriculum provider (including range diagrams, path of travel, exercise reversals, range hazards, etc.)
- A completed compliance statement (included at the bottom of this application) certifying the provider (the authorizing official) that will operate each of its sites in compliance with all applicable laws of the Ohio Revised Code, the Ohio Administrative Code, Motorcycle Ohio Policy and Procedure Manual, and other local, state, and federal laws.**

RENEWAL APPLICATION CHECKLIST (Items must be submitted with the renewal application)

- Your renewal application
 - Postmarked no later than December 1st of the year the certification expires (an applications for renewal received after that date will be considered original applications and will require the original application form).
 - A completed, accurate, and true Motorcycle Ohio Private Provider Application.
 - Mark "Renewal" on the caption
 - The identification (on the application) of the person or persons who will serve as the authorizing official(s) for the business.
- Your current program policies as they pertain to the rider education program and O.A.C. 4501-53-06 & 4501-53-07 sent to the below address. (Name of curriculum used, Instructor requirements, Student / teacher ratios, Attendance requirements for Tardiness / Course completion / Class make up, ADA policy administration, Registration, Refunds, Walk-ins, Use of student-owned motorcycles in curriculum[s] approved by the Director, Record keeping, Course completion, Student eligibility requirements, Harassment and discrimination policies, Complaint procedures)
- A copy of financial responsibility as it pertains to the rider education program and O.A.C. 4501-53-13.

- No less than one million dollars per occurrence and two million dollars aggregate for bodily injury of property damage
- Medical coverage in the amount of ten thousand dollars for each individual injured.
- Provide for coverage from the first dollar for students injured without their own medical coverage.
- The training provider named as an additional insured.
- The State Of Ohio named as an additional insured (The Ohio Department of Public Safety, Motorcycle Ohio, 1970 West Broad Street, Columbus, OH 43223
- Per Ohio Revised Code 2743.02 (<http://codes.ohio.gov/orc/2743.02>) a waiver of subrogation is required.
- A copy of the current student waiver and release form.
- A copy of the emergency instructions readily available during range exercises.
- The letter approving the current range from the curriculum provider.
- A completed compliance statement (included at the bottom of this application) certifying the provider (the authorizing official) that will operate its site in compliance with all applicable laws of the Ohio Revised Code, the Ohio Administrative Code, and other local, state, and federal laws.**

CHANGES IN OWNERSHIP

A conveyance of the ownership of a provider from one person to another requires an original application form. For transferring ownership to another, the authorizing official shall follow the steps for "New Application" listed above. For determination of whether the conveyance of an interest from one person to another constitutes a change in ownership, see O.A.C. 4501-53-01.

CHANGING THE NAME OF THE PROVIDER

The authorizing official shall:

1. Send a written request to change the name of the provider listing the name of the business as it is currently listed.
2. Complete the "Motorcycle Ohio Private Provider Application" listing ONLY the new name desired in the "name" caption.
3. Mark "Name Change" on the caption
4. Complete ONLY the sections that require new information.
5. Sign and date the application.

CHANGING THE ADDRESS / ADDING A NEW SITE LOCATION

The authorizing official shall:

1. Complete a "Motorcycle Ohio Private Provider Application" including the business, owner, financial responsibility, authorizing official sections.
2. Mark "Move Provider Location" or "Add Site Location" on the caption, check which applies to this application.
3. Include a letter of request to move the provider location stating the date your currently approved site will close and the date you expect to begin using your new location. (These dates may be the same date, but they may not overlap. Two providers certified at the same time require two certifications.
4. Sign and date the application.
5. On page 2 of the application, list ONLY the information for the location to which you will be moving.
6. Do not open the new location until the site is inspected and properly certified.

E-mail (preferred method) of completed Private Provider Application and all supporting documentation to:

mogen@dps.ohio.gov

Ohio Department of Public Safety
 ATTN: Motorcycle Ohio
 P.O. Box 182081
 Columbus, Ohio 43218-2081



OHIO DEPARTMENT OF PUBLIC SAFETY
MOTORCYCLE OHIO

PRIVATE PROVIDER APPLICATION

1-800-83-Rider

NEW APPLICATION RENEWAL NAME CHANGE MOVE PROVIDER LOCATION ADD SITE LOCATION

<i>List the address(es) where the business conducts motorcycle training. If more space is required, use an additional application supplement page.</i>					
PROVIDER NAME			NUMBER OF SITES OPERATED BY THIS BUSINESS		
AGENCY BUSINESS NAME			TRAINING TYPE(S) <input type="checkbox"/> BRS <input type="checkbox"/> BRS-RR <input type="checkbox"/> BRS-2 <input type="checkbox"/> ARS <input type="checkbox"/> Other		
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
Mailing Address: <i>If different from address above list the complete address where mail will be sent for your provider activities.</i>					
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
E-MAIL			WEB ADDRESS		
Is your business: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented <i>Owner: Give the name of all who are owners of this business. If more than one person (individual or corporation) owns the business, list each owner on a separate application.</i>					
OWNER'S NAME			Which type of ownership best describes your business? <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Non Profit EIN		
Owner Address: <i>List the address where mail will reach the owner. If owner is an individual, list the owner's home address. If owner is a partnership, list home addresses of each owner. Use additional application forms for additional owners.</i>					
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
Where are the classroom's records stored (as defined in O.A.C. 4501-53-01)? <i>If "other", list place and give address where records are stored</i> <input type="checkbox"/> On Site at Classroom <input type="checkbox"/> Business Address <input type="checkbox"/> Other					
PLACE					
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
Financial Responsibility: <i>List the company or companies that insure the motorcycles used in your motorcycle training business as required by O.A.C. 4501-53-01. If additional space is required, use additional application forms.</i>					
INSURANCE COMPANY			AGENT		
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
Authorizing Official (AO): <i>This shall identify its authorizing official who is responsible for the operation of the business and who shall be held liable if the business, its classrooms, its offices, or its staff is found in violation of the O.A.C 4501-53-01. If additional authorizing officials serve this business, use additional application forms. If the owner is an individual, the authorizing official shall be the owner of the provider.</i>					
DATE OF BIRTH OF AO			TITLE OF AO		
FIRST NAME			MIDDLE INITIAL	LAST NAME	
STREET		CITY		COUNTY	
STATE	ZIP	PHONE	FAX	E-MAIL	
Compliance Statement: <i>In accordance with O.A.C. 4501-53-01, I hereby certify I am the authorizing official of this business and the information provided herein is true and complete. I have read, understand, am familiar with, and am responsible for knowing the provisions governing motorcycle education sites and instruction as those provisions are set forth in O.A.C. 4501-53-01, 4501-53-06, 4501-53-07, 4501-53-08, and 4501-53-09. I will abide by the laws, statutes, and rules set forth therein. I will take all reasonable steps to ensure the business and its instructors, and staff operates in compliance with the laws, statutes, and rules as they apply to this business. I will take all reasonable steps to ensure the facilities, training programs, maintenance and operation of motorcycles, advertising, and solicitations for, records, and contracts of the, its instructors, and staff comply with the laws, statutes, and rules governing motorcycle rider education courses. I will ensure the business maintains ongoing financial responsibility for the operation of motorcycles used in training and maintains financial responsibility for the fulfillment of contracts and obligations to students trained by the business. To all herein I so certify and attest with my signature below.</i>					
SIGNATURE OF AUTHORIZING OFFICIAL				DATE	
X					

If more than one person acts as authorizing official for the enterprise, use additional pages. All authorizing officials must sign and certify this application.