



INSTRUCTOR RENEWAL APPLICATION

Ohio Administrative Code (O.A.C.) 4501-53-05 Renewal of certification to teach.

- (A) Each instructor seeking renewal of the instructor's certification to teach shall, within thirty days of the expiration date of the current certification period, submit a renewal application to the department on a form prescribed by the director.
- (B) Renewal applications received more than thirty days after the expiration date of the last certification period shall not be considered valid, and the applicant shall complete a new application in accordance with rule [4501-53-03](#) of the Administrative Code.
- (C) The application for renewal shall be signed, dated, and shall contain a statement affirming that the applicant meets the requirements for certification to teach set forth in this chapter.
- (D) The department shall renew certification to teach issued under this chapter for any instructor who meets the following:
- (1) Satisfies the requirements for certification to teach as set forth in rules [4501-53-03](#) and [4501-53-04](#) of the Administrative Code;
 - (2) Has taught in Ohio, per the "Motorcycle Ohio Policy and Procedure Manual" (2011), the minimum number of basic rider courses for MO during the most recent certification period. This requirement may be waived for good cause upon approval of the department. The "Motorcycle Ohio Policy and Procedure Manual" (2011) may be electronically accessed at <http://www.motorcycle.ohio.gov/index.stm>.
 - (3) Upon request, submits a criminal abstract provided and dated by the bureau of criminal identification and investigation within forty-five days of such request.
- (E) In addition to the requirements listed in paragraph (D) of this rule, a BRC-2 instructor shall also, within the past three years, have taught at least one BRC-2 or attended a BRC-2 update provided by the department.

CHANGE OF STATUS

Use this form to notify Motorcycle Ohio of any change to certificate information during the certificate year. This can include, but is not limited to, change of address, traffic convictions, chargeable crashes, or criminal convictions.

1. Enter full name.
2. Mark the "Change of Status" box.
3. Provide ONLY the information that has changed since last application.
4. Sign and date the form.

E-mail (preferred method) completed renewal application to: mogen@dps.ohio.gov

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

www.motorcycle.ohio.gov



INSTRUCTOR RENEWAL APPLICATION

Renewal Change of Status

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY		COUNTY
STATE	ZIP CODE	PHONE NUMBER		FAX NUMBER	
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DL NUMBER		STATE OF DL ISSUE	
E-MAIL ADDRESS				CELL PHONE NUMBER	

Are you currently a certified Motorcycle Safety Foundation (MSF) Instructor or RiderCoach?

Yes MSF# _____ Exp. _____ No

Are you currently certified for the following and hold a card from a National Training agency?

CPR Yes No Expiration _____ FIRST AID Yes No Expiration _____

CPR AGENCY: _____ FA AGENCY: _____

I taught a minimum of two (2) Basic Rider Courses for public providers (grantees) in the immediate past training season. Yes No

If the minimum has not been completed, please explain.

I currently own and ride a motorcycle. List one motorcycle that you own and ride: Yes No

Do you engage in the illegal use of controlled substances, alcohol, or other habit-forming drugs or chemical substances? Yes No

Traffic Citations: List all traffic citations, license cancellations, and license suspensions you received in the past three years. Attach additional forms if more lines are needed. If none, write "None". Ohio Revised Code (R.C.) 4511, 4511.19, 4510, & 4510.37

DATE	Describe Violation; Give Cause For License Cancellation Or Suspension	CONVICTION
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Criminal Record: List all past criminal convictions or treatments in lieu of convictions. Attach additional forms if more lines are needed. If none, write "None". (O.A.C. 4501-53-03)

DATE	Describe Crime For Which Convicted Or Given Treatment In Lieu Of Conviction	CONVICTION
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that I meet the requirements for certification as a motorcycle training instructor under Chapter 4501-53 of the O.A.C., and I fully understand and will adhere to the applicable provisions of R.C. Chapter 4508, the O.A.C., Chapter 4501-53 and the Motorcycle Ohio Policy and Procedure Manual. I certify the information in this application is true and complete to the best of my knowledge. I understand any falsification of this document may be cause for rejection of this application or revocation of any certificate issued hereunder. I certify I am in sound physical and mental health; I have no injury, nor physical or mental impairment, nor am I under the influence of any drug or medication that may affect my ability to ride a motorcycle, to effectively and safely instruct students, or to manage and conduct training.

SIGNATURE OF APPLICANT X	DATE
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FOR MOTORCYCLE OHIO USE ONLY

APPROVED REJECTED Reason why rejected: