



Maine Bureau of Motor Vehicles  
Motorcycle Safety Program

Rider Education Site/Range License Application



Please check all that apply

<input type="checkbox"/> Initial Application Please submit all required documents. (see back of application for more information)	<input type="checkbox"/> Renewal Application Submit current MSF certificate of insurance.
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School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(RR #, PO Box or Street Address)  
 \_\_\_\_\_  
(City) (State) (Zip Code) (County)

Recordkeeping Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Indicate each classroom location and address:

1. _____ Lic# _____ _____ Exp: _____	3. _____ Lic# _____ _____ Exp: _____
2. _____ Lic# _____ _____ Exp: _____	4. _____ Lic# _____ _____ Exp: _____

Indicate each range location and address:

1. _____ Lic# _____ _____ Exp: _____	3. _____ Lic# _____ _____ Exp: _____
2. _____ Lic# _____ _____ Exp: _____	4. _____ Lic# _____ _____ Exp: _____

MSF RERP # \_\_\_\_\_

Names of each owner, including all partners and shareholders of the motorcycle school:

Name(s)

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What is the name and date of birth of each motorcycle instructor employed by this motorcycle school?

Name

Date of Birth

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I certify that the information contained herein is true and that any changes will be reported to the Secretary of State, Bureau of Motor Vehicles within 30 days of the effective date of the change. I agree any misstatement on this application shall be grounds for suspension, revocation, or denial of site certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Requirements for initial application for site/range:**

1. Submit a letter from the code enforcement officer or other town official that gives the riding school permission to use the facility for rider education use. **(Initial application only)**
2. Submit a letter from your local fire department showing the riding school premises complies with state and municipal statutory requirements regarding public health, safety, and access. **(Initial application only)**
3. Proof of liability insurance as required by MSF.

**License fees:**

1. A \$50 fee for each classroom location.
2. A \$50 fee for each range location.

**Please make the check or money order payable to Secretary of State and mail the application, fee and all required documents to the address below.**

**Secretary of State  
BMV-Motorcycle Safety Program  
#29 State House Station  
Augusta, Maine 04333**

**If you would like to pay by credit card, please complete the information on the next page. If you pay by credit card and would like to fax your completed application to us, the fax number is 624-9158. Please call 624-9000 ext 52128 to confirm fax receipt.**



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School Name: \_\_\_\_\_

I would like to pay my motorcycle site/range license fee(s) by charging it to my credit/debit card:

The amount to be charged to my credit/debit card is:

\$50.00 (each site/range) Total to be charged \$\_\_\_\_\_

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Month/Year

Name as it appears on the credit/debit card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ This transaction cannot be processed without the  
cardholder's signature.