

**COLORADO DEPARTMENT OF TRANSPORTATION - OFFICE OF TRANSPORTATION SAFETY**  
**M.O.S.T. INSTRUCTOR RENEWAL APPLICATION**

Return completed applications to:

COLORADO DEPARTMENT OF TRANSPORTATION  
 OFFICE OF TRANSPORTATION SAFETY

4201 E. Arkansas Ave.

Denver, Colorado 80222

(303) 757-9383

(303) 757-9078 (FAX)

E-mail: lynn.holly@state.co.us



**MOST**

Motorcycle Operator Safety Training

**Note: Complete and attach Form DR 2559 as well as a copy of your current MSF card with this application.**

Applicant			
Date of birth (mo./day/yr.)		Work phone	Personal/cell phone
Mailing address		Colorado driver's license no.	
		Expires (mo./day/yr.)	
City	State	Zip code	E-mail address
1. Do you have a motorcycle license endorsement?		<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Have you been convicted of any offense which is assigned 8 or more points on your drivers license within the past 3 years?		<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Has your driver's license been revoked or suspended by Colorado or any other state within the past 3 years?		<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Have you ever been convicted of any offense which involved tampering with a government document?		<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Do you hold an Instructor Certification from the Motorcycle Safety Foundation? MSF cert. no. _____ Date issued ____ mo. ____ day ____ yr. valid until ____ mo. ____ day ____ yr.		<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Do you hold any other Motorcycle Safety Instructor Certification? If yes complete: a. From whom _____ b. Date issued ____ mo. ____ day ____ yr. valid until ____ mo. ____ day ____ yr.		<input type="checkbox"/> yes	<input type="checkbox"/> no
7. Location, site administrator/sponsor, and dates of <b>at least two</b> Basic Rider Courses or Experienced Rider Courses instructed in the previous year. <i>Note: In order for a current instructor to be recertified for the next calendar year, that instructor must have taught a minimum of two <b>M.O.S.T.</b> classes the previous year - one of which must have been the Basic Riders Course (BRC).</i>			
Range location	Sponsor	Date	<input type="checkbox"/> ERC or <input type="checkbox"/> BRC
Range location	Sponsor	Date	<input type="checkbox"/> ERC or <input type="checkbox"/> BRC

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8. Name(s) of sponsor contractor(s):

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I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.

Signature	Date
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**AS AN INSTRUCTOR, I AGREE TO:**

- Exhibit safe riding practices at all times
- Wear all protective clothing while operating a motorcycle during the conduct of courses
  - Helmet
  - Gloves
  - Long-sleeved clothing
  - Low-heeled, over the ankle footwear
  - Eye protection
- Keep my motorcycle in safe operating condition
- Conduct the Colorado Motorcycle Operator Safety Training course in accordance with program guidelines
- Be able to demonstrate all riding exercises
- At no time operate a motorcycle intoxicated
- Keep current on latest professional information while instructing

I acknowledge that I am to abide by all regulations, policies and procedures established by the Office of Transportation Safety regarding the operation of the Motorcycle Operator Safety Training program.

Furthermore, I understand that any violation of said regulations, policies and/or procedures could result in my immediate dismissal from the Motorcycle Operator Safety Training program by the Director of the office of Transportation Safety

Signature	Instructor name	Date
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