

Complete this Instructor application if you wish to be considered for enrollment in an ATV Instructor Preparation Course. A completed application must be accepted prior to enrollment.



SHIRT SIZE (Please circle one) : S M L XL 2XL 3XL 4XL

APPLICATION FOR LICENSING AND ENROLLMENT IN AN ATV INSTRUCTOR PREPARATION COURSE

A. BACKGROUND

Today's Date: _____

1. Personal (please print legibly)

Are you 18 years of age or older?

Yes No

Name (Mr.) (Ms.) (Mrs.): _____

Work Phone: (_____) _____ Okay to call at work

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (Instructor materials will be delivered via courier, please provide a street address – NO P.O. BOXES)

Street Address (No P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State Issued: _____

Are you legally entitled or authorized to work in the United States of America? Yes No

2. Employment – For your current occupation:

Employer: _____

Date Started: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ May we contact? Yes No

From the list below, please write one letter in the box that best describes your current employment:

- | | | | |
|-----------------------------|------------------------|--|----------------------------------|
| P - Private Business | F - Air Force | AGENCY
(FEDERAL/STATE) | S - State Resource Agency |
| D - Dealership | A - Army | U - U.S. Forest Service | J - Public Utilities |
| R - Retired | C - Coast Guard | H - Natural Resources
Conservation Service | L - Law Enforcement |
| G - Not Employed | N - Navy | B - Bureau of Land
Management | X - Other Agency |
| O - Other | M - Marine | E - Army Corp of Engineers | _____ |

Please list other occupation(s) and employer(s) for the last five years. If you need additional space, please use the back of this application.

Employer Name and Address	Supervisor Name and Phone	Date of Employment/Reason for Leaving
Job Duties		
Employer Name and Address	Supervisor Name and Phone	Date of Employment/Reason for Leaving
Job Duties		

Have you ever been employed by the ATV Safety Institute, the Specialty Vehicle Institute of America, the Motorcycle Safety Foundation or the Motorcycle Industry Council? Yes No

Military Status: Active Reserve Retired None Branch of Service: _____

Rank: _____

Base/Installation: _____
(City, State, Zip)

3. Education

Formal Education (begin with high school)

Institution/City/State	Number of Years Attended	Graduated	Degree	Major Subjects
		yes / no		
		yes / no		
		yes / no		
		yes / no		

Other specialized training received: _____

Do you speak a foreign language? Yes No If yes, which one(s): _____

What model(s) of ATV(s) do you own? _____

How often do you ride? _____

Have you taken the ATV *RiderCourse*SM? Yes No

If yes, date and location: _____

4. Teaching Availability

Do you have access to land to conduct the ATV *RiderCourse*? Yes No

Will your employer or other considerations restrict your Instructor activities? Yes No

Please explain: _____

Will your employer restrict your Instructor activities to employee training only? Yes No

If no, how often are you available to teach the *ATV RiderCourse* (weather permitting)?

2-3 times per month 4-5 times per month Other _____

Are you willing to teach children how to ride ATVs? Yes No

5. Current Club Membership(s). Please list any ATV/Motorcycle/Snowmobile/4WD clubs to which you belong:

6. Other

Have you ever had a license to operate a motor vehicle revoked or suspended for any reason?

Yes No

Have you ever plead guilty or 'no contest' to, or been convicted of, a misdemeanor or felony?

Yes No

If "yes" to either of the above, please state the facts and dates fully: _____

Some states require us to perform criminal background checks on Instructor Applicants and further require us to notify Instructor Applicants of such background checks in advance. Please acknowledge that you have been made aware of this.

Yes No

Are you able to satisfactorily perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? (Please ask if you are uncertain as to the essential functions of this position.)

Yes No

7. Personal References – List three (3) people have known for at least two (2) years whom we may contact.

Name	Relationship	Home/Work Phone Numbers	Street Address/City, State, Zip

B. EXPERIENCE

1. ATV Experience: _____

2. Intended Goals as an ATV Instructor: _____

C. ACKNOWLEDGEMENTS

This application does not guarantee a position in an ASI ATV Instructor Preparation Course nor does it guarantee that the ASI will issue the applicant an ATV Instructor License. If the applicant is offered a position in an ATV Instructor Preparation Course and the applicant successfully completes the ATV Instructor Preparation Course, the ASI may issue an ATV Instructor License to the applicant. An ATV Instructor License will only be issued upon execution of an ATV Instructor License Agreement between the applicant and the ASI. This application shall become an integral part of any ATV Instructor License Agreement that may be executed between the applicant and the ASI. Unless and until the ASI issues an ATV Instructor License to the applicant, the applicant is not an authorized, licensed ASI ATV Instructor and may not make any representations or perform any acts as such.

I understand that as a licensed ATV Instructor I may become a part-time co-employee of the Specialty Vehicle Institute of America. I further understand and agree that any such employment is at will, and that such employment may be terminated at any time and for any reason, with or without cause.

I further understand that the ASI may contact my current and/or previous employers, schools attended and personal references. I authorize such employers, schools and personal references to disclose to the ASI all records and information pertinent to my employment and/or affiliation with them. I hereby waive fully any rights or claims I may have against my current and/or former employers, schools attended and personal references, as well as their agents, employees and representatives, and release them from any and all liability, claims or damages that may result, directly or indirectly, from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I certify that I have read this Application for License and Enrollment in an ATV Instructor Preparation Course in its entirety, and that the information contained herein is true and correct and that I have not omitted any relevant information. I understand and agree that falsification of any information provided herein, or the omission of any relevant information, will result in immediate revocation of my ASI ATV Instructor License and/or termination of employment.

Signature _____ Date _____