



Dear Instructor Applicant:

Thank you for your interest in applying to the ATV Safety Institute (ASI) to become an ASI licensed Instructor. The primary responsibility of ASI Instructors is to teach the *ATV RiderCourse*<sup>SM</sup> – a half-day, hands-on training program. The *ATV RiderCourse* provides participants a training experience that includes basic ATV riding skills, safe riding practices, environmental awareness, and information about protective riding gear.

The **ATV Instructor Preparation (IP) Course** is a four-day course that teaches individuals how to deliver all the components of the *ATV RiderCourse*. Instructor candidates will learn how to evaluate and coach student riders, use different presentation techniques, and communication skills. **Please be aware that the IP is a pass/fail course, and Instructor Candidates must have prior ATV riding experience.**

To register for an IP course, please fill out the attached application and registration form, and return them by email to **ASIPrep@svia.org**. Please be sure to note the date and location you would like to be enrolled for on your cover page. Applications are accepted on a first come, first serve basis.

The cost for the course is \$1,250 per person, which includes course materials and tuition. Payment must be received 2 weeks prior to the course starting date unless otherwise arranged with ASI. **To successfully complete our Instructor Preparation Course, candidates must attend all 4 day's of training.**

Upon enrollment into an IP, the candidate will receive a confirmation letter, map, and hotel information. Approximately four weeks prior to the course, I will send the course materials: an ATV Instructor Guide and pre-course assignments. The pre-course assignments will be collected the first day of the course.

If you have further questions, please contact me at (949) 805 - 1731, or **ASIPrep@svia.org**.

Sincerely,

Jeff Zoltek  
Sr Coordinator, Instructor Preparation

Enclosure(s)

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.



## 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  
**D-** Dealership  
**R-** Retired  
**G-** Not Employed  
**O-** Other

#### MILITARY

**F-** Air Force  
**A-** Army  
**C-** Coast Guard  
**N-** Navy  
**M-** Marine

#### AGENCY

##### (FEDERAL/STATE)

**U-** U.S. Forest Service  
**H-** Natural Resources  
Conservation Service  
**B-** Bureau of Land  
Management  
**E-** Army Corp of Engineers

**S-** State Resource Agency  
**J-** Public Utilities  
**L-** Law Enforcement  
**X-** Other Agency

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

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*<sup>SM</sup>? ☐ 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:

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

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**2. Intended Goals as an ATV Instructor:** \_\_\_\_\_

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**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 \_\_\_\_\_