

# LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

## Course Application

**1. Select course *type* (check one)**

Basic course  \$100 (w/DPS m/c)    Intermediate  \$100 (w/ DPS m/c)    Intermediate (LEO w/mc)<sup>2</sup>  NC  
 Basic course<sup>1,3</sup>  \$25 (using personal MC)    Intermediate  \$25 (using personal mc)    *Advanced course*<sup>3</sup>  \$25  
 Basic (LEO)<sup>2</sup>  \$75    Interm. (LEO)<sup>2</sup>  \$75 (LEO w/DPS mc)    *Advanced (LEO)*<sup>2</sup>  NC

- 1 Motorcycles used in the **BASIC** course can be no larger than **550cc** in displacement.
- 2 Full time **POST** certified Law Enforcement Officer (Submit copy of certification)
- 3 Participants must have M/C endorsement (except basic course) and street legal M/C as defined by LA law. (Registered, insured & inspected) All students under 18 years of age will require parental permission.

**2. Select the course *location & date*.** Courses are filled on a first-come, first served basis only. Students will be assigned to a course depending on available space at the time the application is received by the Dept. of Public Safety. If all choices are filled you will be contacted for an alternate date choice or your application will be returned. \*NOTE: Once a student is assigned to a requested course, submitted fees are NON-REFUNDABLE unless the course has been cancelled by the Louisiana Department of Public Safety. **Choose (✓) a location and date(s) from the schedule.**

Loc:  Zachary (BR)     Gonzales     Hammond     Thibodaux     Westwego  
 Alexandria     Lafayette     LK. Charles     W. Monroe     Bossier City

Date(s): 1<sup>st</sup> choice (Loc/date) \_\_\_\_\_ / \_\_\_\_\_    2<sup>nd</sup> choice \_\_\_\_\_ / \_\_\_\_\_    3<sup>rd</sup> choice \_\_\_\_\_ / \_\_\_\_\_

**3. Course fees: MONEY ORDER or cashiers check only payable to the LA DEPT. of PUBLIC SAFETY**

**4. Name** (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_ (Zip) \_\_\_\_\_

Parish \_\_\_\_\_ Drivers License No. \_\_\_\_\_ (State) \_\_\_\_ (MC endorsement) No  Yes

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Sex) M  F  Payment No. \_\_\_\_\_

Phone(s) Home \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email address(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Do you currently own a motorcycle? No  Yes  If yes (Make and model) \_\_\_\_\_

Do you have any physical or mental condition(s) that would interfere with your ability to operate a m/c safely? Yes  No   
 If yes, list the condition(s) \_\_\_\_\_

Bicycle riding skills are mandatory for participation. Can you ride a bicycle? Yes  No

**Required Equipment, *student supplied:***

M/C Helmet  (DOT cert. min. Full face or ¾ recommended)    Eye protection  (i.e. faceshield, goggles)  
 Long sleeves  (Jacket or shirt)    Long pants  (sturdy non-flared or baggy)  
 Gloves  (Full fingered, leather, ballistic recommended)    Boots  (Sturdy, over the ankle)

*Optional: Rain gear (recommended in the event of rain).    Pen or pencil for classroom sessions*

**5 Request confirmation by:** Email  (List valid email address(s) w/ 500k min available space)  
 US mail  (include a self addressed **STAMPED envelope** for return letter)

**6. Signature:** \_\_\_\_\_

I have read and understand in its entirety the information presented here and I affirm that the information that I have submitted is correct and to my satisfaction.

**7. MAIL application & waiver forms with course fees to: Dept of Public Safety P.O. Box 66517-A33  
 Baton Rouge, LA 70896**

DPS use only: Course assignment    Date \_\_\_\_\_    Location \_\_\_\_\_

Louisiana Department of Public Safety and Corrections
Motorcycle Safety, Awareness and Operator Training Program

Motorcycle Operator Training Course
Student Waiver and Release Form

This form must be completed, signed, and given to your instructor before you begin the motorcycle operator-training course. Participants under the age of 18 years must have signed approval of a parent or legal guardian to participate in this motorcycle safety course.

NAME: \_\_\_\_\_

(First) (Middle) (Last)

HOME ADDRESS: \_\_\_\_\_

(Street) (City) (State) (Zip)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Date Year

DR. LIC. # \_\_\_\_\_ STATE \_\_\_\_\_ SOC.SEC.NO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Motorcycle endorsement? Yes [ ] No [ ] Email: \_\_\_\_\_

Do you have, as far as you know, any physical or mental condition(s) that would interfere with your ability to operate a motorcycle safely?

Yes \_\_\_\_ No \_\_\_\_ If yes, list the condition(s) \_\_\_\_\_

RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned participant and his or her parent or legal guardian, if the participant is under the age of 18 years, does (do) hereby execute this release, waiver, and indemnification for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns; and hereby agree(s) and represent(s) as follows:

To release the Louisiana State Department of Public Safety, its members, employees, agents, representatives, and those governmental agencies and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of participation in the motorcycle operator training course referred to above, it being specifically understood that said course includes the operation and use by the undersigned participant and others of motorcycles. The undersigned further agree(s) to indemnify the Louisiana State Department of Public Safety, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this course, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement that may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood that the requested information is true and correct, it is agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably, withheld.

\_\_\_\_\_  
Signature of participant \* Date \_\_\_\_\_

\*Signature of parent or legal guardian is required if the participant is under the age of 18 years. If the parent/ guardian cannot sign in the instructor's presence, complete the affidavit below. Relationship \_\_\_\_\_ Date \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Participant birth-date verified by instructor Yes [ ] No [ ]

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*(Registration for minors only when parents are not present) AFFIDAVIT

I, \_\_\_\_\_ have read the release, waiver, and indemnification statement on this form.

(Parent or legal guardian of student)

I do hereby grant permission for \_\_\_\_\_, age \_\_\_\_\_, who is my \_\_\_\_\_ to enroll and participate in the motorcycle operator-training course as conducted by the Louisiana Department of Public Safety.

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
City State Zip Parish