

LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

Course Registration

1. Select course **TYPE** ^{1,2,3,4} (check one)

- Basic Course (\$100 w/ DPS MC).** **Basic Course**^{1, 3} (\$25 (using personal MC). **Basic (LEO)** ² (\$75).
 Intermediate³ (\$25 using personal MC). **Intermediate** (\$100 (w/ DPS MC). **Intermediate (NC LEO w/MC)**.²
 Advanced ³ (\$25). **Advanced (NC LEO)**.²
 ***Instructor Preparation Course (\$225)**

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).
 4. All students under 18 years of age will require parental permission.
- * **Instructor Preparation Course** (contact office for dates, details and requirements)

2. Select Course Location & Date from the <http://www.lsp.org/motorcycle.htm> website

South Louisiana: Zachary (BR area), Gonzales, Hammond, Lafayette, Lake Charles, Thibodaux, Westwego

Central Louisiana: Alexandria

North Louisiana: Bossier City, West Monroe

Courses are filled on a first come- first served basis. Assignments are made when received. Fees are NON-REFUNDABLE unless the course has been cancelled by LA DPS.

1st choice Location _____ Date _____ 2nd Choice Loc: _____ Date _____ 3rd choice Loc: _____ Date _____

3. COURSE FEES: **MONEY ORDER/Cashier's Check ONLY** Payable to: **LA DEPT. of PUBLIC SAFETY** (NO personal checks accepted)

4. NAME (First) _____ (middle initial) ____ (Last) _____

Address _____ (City) _____ (State) _____ (Zip) _____

Parish _____ Driver's License No. _____ (State) ____ (MC endorsement) Yes No

D.O.B. ____/____/____ (Sex) M F Money Order or cashier's check # _____

Phone(s) Cell (____) _____ (Home) (____) _____ (Work) (____) _____

Email address(s) (Primary) _____ (Alternate) _____

Do you currently own a motorcycle? Yes No If yes (Make) _____ (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 to participate in the riding sessions: (Student Supplied):

M/C Helmet (DOT cert. min. Full face or ¾ recommended)

Eye protection (face-shield, goggles, safety glasses)

Long sleeves (Jacket or shirt)

Long pants (sturdy non-flared or non-baggy)

Gloves (Full fingered. Leather or ballistic nylon recommended)

Boots (Sturdy, over the ankle footwear)

Rain gear (recommended in the event of rain)

Pen, pencil and/or highlighter for classroom sessions

5. **Request confirmation by:** Email → (List valid email address(s) w/ approx. 500k min available space/ check email filters)
US mail → (include a **self-addressed STAMPED envelope** for a confirmation 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 Registration, Waiver & Course Fee to: **LA Dept. of Public Safety/ MC Safety Program**

**1400 W. Irene Rd.
Zachary, LA 70791**

DPS use only: Assigned Course Location: _____ Date: _____ Office: **225-658-7255**

Comments _____

(Rev 11/2017)

