

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

### MOTORCYCLE OPERATOR TRAINING SCHOOL APPLICATION INSTRUCTIONS

Each entity looking to obtain a Motorcycle Operator Training School license shall provide an application for approval that shall be in compliance with 16 TAC Chapter 98, Transportation Code, Chapter 662 and all TDLR established guidelines and criteria.

- 1. Name of School Enter the assumed, legal or DBA name of the school.
- 2. School Application Fee \$100.00
- 3. Organization Type Select the organization type for your business.
- 4. <u>School Mailing Address and Contact Information</u> Enter the school's mailing address, phone number, fax number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- Physical Address Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
- Location of Classroom Enter the physical address of the classroom. This address is the actual location where classroom instruction will be conducted. A post office box is not acceptable for the physical address.
- 7. Location of Range Enter the physical address of the range. A post office box is not acceptable for the physical address.
- 8. Controlling Person's Information List the name, title, date of birth, Social Security Number and contact information for each controlling person of the school as defined by §98.10(4). All controlling persons listed on the application must undergo and successfully pass a criminal history background check. Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire (PDF) for each offense. If you are concerned your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire (PDF) for each crime you were convicted of or placed on deferred adjudication for and a \$10.00 fee.
- 9. Insurance Requirement Indicate if school carries insurance in accordance with 16 TAC §98.40.
- 10. Curriculum Information Indicate the curriculum used for operator instruction.
- 11. Statement of Applicant Application must be signed by the owner, officer, or other authorized individual.

#### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation P.O. Box 12157 Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the <u>Texas Department of Licensing & Regulation</u> website at or reach the <u>Education and Examination Division</u> via webform where you can submit your request for assistance and include attachments as needed.

### **REQUIRED DOCUMENTS**

The following must be submitted along with the application, and approved prior to conducting training:

- \$100.00 School Application Fee
- Completed School Application (this form must be completed in its entirety where applicable)
- Instructor Roster List the full name and license number for each current instructor employed at the school.
- Motorcycle Fleet Form List the make, model and VIN of each motorcycle to be used instruction.
- Provide a list of all real property that will be used to meet the training site requirements of §98.100 and proof that the applicant owns, or possesses written authorization by the owner to use, each property.
- List of the department-approved courses the applicant intends to offer and proof of ownership of, or authority to offer, each course.
- Range form

### **IMPORTANT INFORMATION**

- Schools may use an approved curricula from a curriculum provider, the school must include an approval letter from the provider that indicates the type of curricula the school is approved to teach.
- Schools may develop their own curricula that meets <u>NHTSA's National Standards for Entry-Level Motorcycle</u>
   <u>Rider Training (August 2011)</u>. Schools creating their own Curricula must submit a completed <u>course approval</u>
   application. The curricula must be approved by the department before the school may begin using it.



MOTORCYCLE OPER	RATUR TRAI	NING SCHOOL		_
1. Name of School:			2. School Applicat	tion Fee:
			\$100.00	
3. Organization Type (check one) and Federa	al Tax ID:	Sole Proprietor	Partnership	
Federal Tax ID:		☐ Corporation	LLC	
I. School Mailing Address and Contact Info	rmation: (Used	to receive mail from	ΓDLR, P.O. BOX is allo	wed)
Number, Street Name, Suite Number/Apartment	Number	City, State, Zip Co	de	
School Email Address Sc	hool Web Addre	ess	School Phone	e Number
Contact Person's Name	hone Number	E	mail Address	
5. Physical Address: (Where permanent records	are kept. P.O. E	BOX is not allowed)		
,	1,, -			
Number, Street Name, Suite Number/Apartment N	umber	City, State Zip Code	<u> </u>	
S. Location of Classroom:		Oity, Otato Zip Oode	•	
. Location of Glassicom.				
Number, Street Name, Suite Number/Apartment N	umbor	O:t : Otata 7::- Oada	Carrate	
·	<u> </u>	City, State Zip Code	e County	
7. Location of Range:				
Number, Street Name, Suite Number/Apartment N	umber	City, State Zip Code	e County	
3. Controlling Person's information:				
Business Name/Owner Name			Ownersh	ip % (if applicable)
			<b>3</b>	.p / ( upp oub o
Date of Birth:	Sc	ocial Security Number	:	
Mailing Address:				
Number, Street Name, Suite N	lumber/Apartmer	nt Number	City, State, Zip Coo	de
Phone Number	_ <u>Email A</u>	Address		
Have you ever been convicted of, or place	ad on deferred	adjudication for	any misdemeaner	□ Yes □ N
or felony, other than a minor traffic violati		adjudication for,	uny misuemeandi	□ 169 □ IV
If YES, complete and submit a Criminal Histo	ry Questionnair	re (PDF) for each offe	nse.	

Business Name/Owner Name		Ownership % (if applicable)			
Date of Birth:	Social Security Nu	mber:			
Mailing Address:					
Number, Street Name, Suite Number	r/Apartment Number	City, State, Zip Code			
Dhana Numbar	Email Address				
Phone Number		for any middlemooner.			
Have you ever been convicted of, or placed on or felony, other than a minor traffic violation?	deferred adjudication	for, any misdemeanor ☐ Yes ☐ No			
If YES, complete and submit a Criminal History Qu	estionnaire (PDF) for each	n offense.			
9. Insurance Requirement:					
☐ This motorcycle school is covered by an ir coverage and \$10,000 in medical paymen					
10. Curriculum Information:					
☐ Please indicate what curriculum your school is us	sing:				
TDLR pre-approved curriculum: (indicate which curricu	ulum)				
☐ Entry-Level Course (See 16 TAC 98.112)	☐ Non-Entry-L	evel Course (See 16 TAC 98.114)			
Independent curriculum developed by the school (submit this curriculum with the application)					
☐ Entry-Level Course (See 16 TAC 98.112)	☐ Non-Entry-L	☐ Non-Entry-Level Course (See 16 TAC 98.114)			
11. STATE	MENT OF APPLICAN	Т			
By signing this application, I certify that all infor certify that I will comply with all applicable provi Regulation (Transportation Code, Chapter 662) a Regulation (16 Texas Administrative Code, Chap application and all attachments may result in the of administrative penalties.	sions of the law of the ind the rules of the Tex ter 98). I understand th	Texas Department of Licensing & as Department of Licensing & at providing false information on this			
Signature or Owner, Officer, or Authorized Represe	ntative	Date Signed			
Printed Name or Owner, Officer, or Authorized Rep	resentative	Title			



MOTORCYCLE FLEET FORM					
School License Number: School Name:					
Instru	uctions:				
<ol> <li>List the Year, Make, Model and Vehicle Identification Number (VIN) for all Motorcycles used for instruction.</li> <li>A motorcycle school must notify the department of any change to the information provided for initial licensure under §98.26 or for license renewal under §98.27, within 15 days from the date of the change.</li> </ol>					
Year	Make	Model	VIN Number	Add	Remove
Signature of Owner and or Authorized Representative  Date Signed  Printed Name of Owner and/or Authorized Representative  Title					



School License Number: School Name:  Instructions:  Write name(s) and license number(s) for every instructor to be added or removed from your staff roster. A separate staff roster must be submitted for each branch location.  Use this form when adding or removing instructors, check the box to indicate if you are adding or removing an instructor.				
First and Last Name of Instructor(s)	Instructor License #	Adding	Removing	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Signature of Owner and or Authorized Representative  Printed Name of Owner and/or Authorized Representative		Date S		



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### MOTORCYCLE OPERATOR TRAINING SCHOOL RANGE APPLICATION INSTRUCTIONS

Each entity looking to obtain approval for Motorcycle Operator Training School Range shall provide an application for approval that shall be in compliance with 16 TAC Chapter 98, Transportation Code, Chapter 662 and all TDLR established guidelines and criteria. Complete one Range Application for each range.

- 1. Name of School Enter the assumed, legal or DBA name of the school.
- 2. School License Number Schools must have a current license.
- 3. <u>School Mailing Address and Contact Information</u> Enter the school's mailing address, phone number, fax number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Email addresses are a part of the key information required to transact business with TDLR. Your personal email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- 4. Location of Range Enter the physical address of the range. A post office box is not acceptable for the physical address.
- 5. Range Information Identify range type and range curriculum information.
- 6. <u>Location of Classroom</u> Enter the physical address of the classroom. This address is the actual location where the classroom instruction will be conducted. A post office is not acceptable for the physical address.
- 7. Statement of Applicant Application must be signed by the controlling person or other authorized individual.

### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation P.O. Box 12157 Austin. TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, please visit the <u>Texas Department of Licensing & Regulation</u> website at or reach the <u>Education and Examination Division</u> via web form where you can submit your request for assistance and include attachments as needed.

Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

### **Review Process**

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve a school application. During the review process, you will be notified in writing of any discrepancies/requirements not met.

### REQUIRED DOCUMENTS

The following must be submitted along with the application, and approved prior to conducting training:

- Completed Range Application (this form must be completed in its entirety where applicable)
- List of all real property that will be used and proof that the applicant owns or possesses written authorization by the owner to use each property.
- Must provide an approval letter from each course provider authorizing your school to teach the range curriculum specifically for the range you are requesting approval for.
- Photographs of Range Before taking photos, place a visible marker (i.e.: large traffic cones, people, chairs) at each corner of the proposed range. Only four markers are needed, using extra markers makes it difficult for the reviewer to identify the actual range area. Be sure there are no vehicles, snow, equipment, etc. on the range and run-off.
  - ✓ Photos must have been taken within the last six months.
  - ✓ Include photos of drains and other surface conditions located on the range or run-off
  - ✓ Satellite images are not acceptable as replacements for ground level photos
  - ✓ Digital files only (scanned pdf files of photos are not acceptable)
  - ✓ Photos must be clear and sharp
  - ✓ Use descriptive file names when saving each photo (e.g., C-longside.jpg)
  - ✓ At least eight color photos, two from each of the four corners Photograph 1: long side view must include 3 markers: the corner nearest the photographer and the two farthest corners. Photograph 2 short side view must include 2 markers, the corner nearest the photographer and the next closest corner are required. Photographer should stand 20 feet back from each corner.

### RANGE REQUIREMENTS CHECKLIST

### PLEASE USE THIS CHECKLIST PRIOR TO SUBMITTING YOUR APPLICATION

- Range is secured from incursions and intrusion by other traffic (pedestrian and vehicular) and free of obstacles or hazardous surface conditions.
- Range has a paved surface, including asphalt, concrete, or another all-weather surface of suitable traction and is reasonably free of incline.
- ✓ Range is free of surface hazards and obstacles.
- ✓ Range is large enough to safely accommodate all courses conducted by the motorcycle school.
- ✓ Range is surrounded by a paved run-off area, free of surface hazards and obstacles, of at least 20 feet from the perimeter of the range.
- ✓ For two-wheeled motorcycle courses a separate motorcycle must be available for each student. For three wheeled motorcycle courses, no more than two students may share a motorcycle.
- ✓ All motorcycles used must be intended by the manufacturer for street use.
- ✓ Motorcycles must be maintained in safe operating condition.
- ✓ Class A fire extinguisher and First Aid Kit in close proximity to the riding area during range instruction
- ✓ Ensure all instructors and students wear protective gear when participating in the range portion of the course in accordance with 98.108(f).
- ✓ Ensure there are not more than 12 students on a range during any phase of range instruction.



	MOTORCYCLE OPERATOR TRAINING RANGE APPLICATION				
1.	Name of School:	2. School License Number:			
3.	School Mailing Address and Contact Information:				
Nu	mber, Street Name, Suite Number/Apartment Number	City, State, Zip Code			
	hool Email Address	School Phone Number			
4.	Location of Range:				
Ph	ysical Description of Location (i.e., Parking lot at church)				
Nu	mber, Street Name City, State, Zip Code	County			
5.	Range Information:				
	Range Size: Length: Width:				
	Range Curriculum Information:				
	Please indicate what entry-level curriculum will be used:				
	☐ TDLR pre-approved curriculum: (indicate which curriculum)				
	☐ Independent curriculum developed by the school				
6.	Location of Classroom:				
Nu	ımber, Street Name City, State, Zip Code	County			
7.	STATEMENT OF APPLICANT				
By signing this application, I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Transportation Code, Chapter 662) and the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 98). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.					
Siç	gnature of Controlling Person or Authorized Representative	Date Signed			
Pri	inted Name of Controlling Person or Authorized Representative	Title			