

N.7 Rider Education Program Levels Application (Level I – III)



GOLD WING ROAD RIDERS ASSOCIATION, INC.



RIDER EDUCATION PROGRAM LEVELS PROGRAM APPLICATION (LEVEL I-III)

Date of Application / /

Rider: _____	Membership #: _____	Region: _____
Co-Rider: _____	Membership #: _____	District: _____ Chapter: _____
Address: _____	City: _____	State: _____ Zip: _____
Validation Officer Name: _____	Title: _____	Date / /

Participants are STRONGLY URGED to wear proper riding gear while riding!

LEVEL I - SAFETY BY COMMITMENT - SAFE RIDER/CO-RIDER

This program is a commitment to safe riding. Submit the completed form along with **\$6.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive ONE SAFE MILES PATCH, either a RIDER or CO-RIDER ROCKER and a Safe Miles pin if applicable.

Safe Miles Pin - For each 5,000 Safe Miles increment, you can receive Safe Miles Pin by filling out this form and having it validated. Submit the completed form to a validating officer. Then forward the completed form along with **\$2.00 for each pin** to your Chapter or District Educator.

<input type="checkbox"/> Please enroll Rider in Level I. <input type="checkbox"/> Already enrolled in Level I <input type="checkbox"/> Update my Safe Miles as indicated at the right	<input type="checkbox"/> Please enroll Co-Rider in Level I. <input type="checkbox"/> Rider: Safe Miles pin needed: _____ <input type="checkbox"/> Co-Rider: Safe Miles pin needed: _____
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LEVEL II - SAFETY BY EDUCATION – TOUR RIDER/CO-RIDER EDUCATION

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive either a Rider or Co-Rider triangle patch.

TOUR RIDER

 Enrolled in Safe Rider Program (Level I)
 I have 5000 Safe Miles!
 M/C License or Endorsement (if required)
 Approved Rider Course within 3 years:
 Type of Course Taken: _____ Exp. Date: / /

TOUR CO-RIDER

 Enrolled in Safe Co-Rider Program (Level I)
 I have 5000 Safe Miles!
 Approved Rider Course or Co-Rider Seminar within 3 years:
 Type of Course Taken: _____ Exp. Date: / /

LEVEL III - SAFETY BY PREPAREDNESS - CERTIFIED TOUR RIDER/CO-RIDER

Any GWRRA Officer can validate the following requirements. Submit the completed form to a validating officer. Then forward the completed form along with **\$4.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive either a TOUR RIDER or CO-RIDER patch.

CERTIFIED TOUR RIDER

 Enrolled in Level 1 and current in Level II
 M/C License or Endorsement (if required)
 Current CPR or FIRST AID Provider:
 CPR Provider: _____ Exp. Date: / /
 First Aid Provider: _____ Exp. Date: / /
 Approved Rider Course within 3 years:
 Type of Course Taken: _____ Exp. Date: / /
 Carries First Aid Kit on the Bike

CERTIFIED TOUR CO-RIDER

 Enrolled in Level 1 and current in Level II
 Current CPR or FIRST AID Provider:
 CPR Provider: _____ Exp. Date: / /
 First Aid Provider: _____ Exp. Date: / /
 Approved Rider Course or Co-Rider Seminar within 3 years:
 Type of Course Taken: _____ Exp. Date: / /

HIGH MILEAGE PROGRAM

To be eligible you must have accumulated 50,000 miles. Have your TOTAL mileage validated by any GWRRA Officer. Submit the completed form to a validating officer. Then forward the completed form along with **\$5.00 FOR EACH PARTICIPANT** to your Chapter or District Educator. You will receive the HIGH MILEAGE PIN and the MILEAGE BAR. As you accumulate additional miles, in 50,000-mile increments, you can receive additional hanger bars for \$2.00 each by submitting the update form to your Chapter or District Educator.

<input type="checkbox"/> First High Mileage Application <input type="checkbox"/> Rider _____ Miles <input type="checkbox"/> Co-Rider _____ Miles	MILEAGE VERIFICATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Bike</th> <th style="width:20%;">Year</th> <th style="width:20%;">Mileage</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bike	Year	Mileage						
Bike	Year	Mileage								

SUMMARY

Total Fees: _____ Date: / / Pins/Patches Issued By: _____
 Patches Issued R/W (B/G add \$1.00) (Only sign if pins or patches were issued)

**Mail form to: Your respective District Educator
E-mail Address:**