

CONNECTICUT MOTORCYCLE RIDER EDUCATION REGISTRATION

(Please Print)

Registering for: BCR:RSS (Basic) ERC (Advanced) Location: NWCTC East Granby

Course #: _____ Course Dates: _____

How did you hear about this course: _____

Full Legal Name: _____

Address: _____
(Street) (City) (State) (Zip)

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Date of Birth (mm/dd/yy): _____ Sex: Male Female

Social Security #: _____ Connecticut Resident? Yes No

US Citizen? Yes No

License Information

Drivers License #: _____ St: _____ Exp. Date: _____

Motorcycle Permit _____ St: _____ Exp. Date: _____

Required for ERC (Advanced)

Is license endorsed for motorcycle? Yes: No: Riding Experience (years): _____

Approximate # of Miles per Year: _____

Insurance Company (not agent) _____

Policy #: _____ Expiration Date: _____

Please Read

I certify that the statements made by me on this registration form are complete and true to the best of my knowledge and belief, and are made in good faith.

(REQUIRED)

Signature: _____

Date: _____

Payment Information: Check Number: _____ Money Order #: _____

Visa: Master Card: Card Number: _____ Exp. Date: _____

Name as it appears on card: _____