

Experience Motorcycle Course Registration / Application

_____ Experience Course, In-State Resident - \$35.00

_____ Experience Course, Out of State Resident - \$100.00

Course Date Preference _____

2nd Date Choice _____

3rd Date Choice _____

Full Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Male _____ Female _____

Drivers License # _____ State _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail _____

Military _____ Student _____

Do you have any medical or physical disabilities that may affect your ability to operate a motorcycle? Yes _____ No _____

If yes, please explain

Do you have a valid motorcycle license or motorcycle learners permit?

Yes _____ No _____

If no, your check will be returned with a letter of explanation.

Check or Money Order MUST be made payable to the, **DIVISION OF MOTOR VEHICLES.**

Complete Form, with course choices and check or money order are sent to:

Motorcycle Program Registration Office
P.O. Box 698
Dover, DE 19903

NO CASH OR NEW ACCOUNT CHECKS ACCEPTED