





**COLORADO STATE PATROL**

**MOTORCYCLE OPERATOR SAFETY TRAINING  
RENEWAL INSTRUCTOR APPLICATION**

**VALIDATION OF CO MOST RECERTIFICATION REQUIREMENTS**

**APPROVED LICENSE ENDORSEMENT COURSES**

*\*within past fiscal year: March - February*

#1 Completed

SCHOOL SITE DATE(S)

#2 Completed

SCHOOL SITE DATE(S)

#3 Completed

SCHOOL SITE DATE(S)

**PROFESSIONAL DEVELOPMENT WORKSHOP**

*\*within past fiscal year: March - February*

Completed

VENDOR/PROVIDER SITE DATE(S)

By signing, I affirm by signing that all acknowledgements, information, and statements supplied on this form are true and accurate.

DRIVER LICENSE

STATE

DATE OF BIRTH

MAILING ADDRESS

SUITE/APPT

CITY

ZIP

SIGNATURE

DATE

PRINTED NAME

SPONSORING VENDOR