

**Texas Department of Public Safety
ATV Operator Education and Certification Program
All-Terrain Vehicle RiderCourse Instructor
APPLICATION FOR TEXAS APPROVAL**

Please Print or type. Complete all information requested

Name (First, Middle, Last): _____

Maiden Name/Any Other Names Used: _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth (mo./day/yr.): _____ Daytime Phone: (____) _____

Sex: _____ Race: _____ Driver License #: _____ State: _____

Dates of ATV Instructor Preparation Course: _____

Location: _____ Chief Instructor(s): _____

ASI Instructor License Number (if known): _____

Have you ever been convicted of any felony or offense involving moral turpitude, tampering with a governmental record, driving while intoxicated or driving under the influence of drugs, or an offense committed as a result of criminally negligent operation of a motor vehicle? Yes ___ No ___

If yes, please provide a detailed explanation of the facts including all dates and outcomes (continue on back if necessary).

I certify that the above facts are true, complete, and accurate as of the date of this application. I certify that I have read, understand, and agree to comply with all Texas Approved ATV RiderCourse Instructor Requirements.

Signature: _____ Date: _____

Please return to the Department of Public Safety, Motorcycle Safety Unit, PO Box 4087, Austin, TX 78773-0257. All information must be provided before you can be considered for Texas approval. The Department will verify all information. Submission of this application does not guarantee Department approval to teach the ATV RiderCourse in Texas. As an applicant, you are not approved to teach the ATV RiderCourse until you receive official notification of approval. If your application to teach the ATV RiderCourse is denied, you may not teach the Department-approved ATV RiderCourse in Texas and may not represent yourself as a Texas-approved ATV RiderCourse Instructor.