



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION

CONNECTICUT RIDER EDUCATION PROGRAM REGISTRATION FORM

(Please Print Clearly)

COURSE: BRC (Basic) []; IRC (Intermediate) []; ERC (Experienced) []; ARC (Advanced) []; LOCATION: Torrington [] East Granby []

Course # _____ Course Dates: _____

How did you hear about this course: _____

Full Legal Name: _____

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

Mailing Address (if different): _____

E-Mail Address: _____

Home Phone: _____ Work / Cell Phone: _____

Date of Birth (mm/dd/yy) : _____ Sex: Male _____ Female _____
US Citizen: Yes _____ No _____

Social Security #: ____/____/____ Connecticut Resident: Yes _____ No _____

Drivers License # _____ St: _____ Exp. Date _____

REQUIRED for (IRC) Intermediate, (ERC) Experienced, (ARC) Advanced and all Scooters

Is license endorsed for motorcycle? Yes _____ No _____ If permit only, expiration date: _____

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.

Signature: _____ Date: _____

If MINOR (under 18 years of age) Signature of Parent or Legal Guardian Required

Signature of Parent /Guardian: _____ Phone: _____

PAYMENT INFORMATION: Check Number _____ Money Order # _____

Visa/Master Card _____ Exp. Date _____

Name as it reads on card _____

For Registration to be complete, a "Waiver and Release of Liability" form must be signed and returned to NCCC with this registration form.

A special Waiver form is required for MINORS, students aged 16 or 17, which must be signed by both the student and Parent/Legal Guardian.



NCCC
Motorcycle Program, Park Place, Winsted, CT 06098
Phone: 860-738-6446 Fax: 860-738-6453

> SIGNATURE OF PARTICIPANT IS REQUIRED ON THIS FORM