

## Application to Accept an Out-of-State Motorcycle Rider Education Program Certificate

Registry of Motor Vehicles
Massachusetts Rider Education Program
1250 St. James Avenue
Springfield, MA 01104
Tel 857-368-2903 \* FAX 413-455-3646

To Be Completed By Applicant (Please Print Legibly):

Name:		Daytime Phone #:
Address:		
City/Town:	State:	Zip Code:
License/Permit #:	Date of Birth:	
Mailing Address (if different):		
Address:		
City/Town:	State:	Zip Code:
<b>Driving School Information:</b>		
School Name:		Phone #:
Address:		
City/Town:	State:	Zip Code:
Course Completion Date:	MSF Card #:_	
The applicant must mail or fax completed application to the address listed above within 180 days of the class graduation date, along with the following:		
<ol> <li>Copy of your Massachusetts Motorcycle Learners Permit.</li> <li>Copy of your Motorcycle Safety Foundation Completion Card.</li> <li>Copy of your Basic Rider Course Skill Evaluation Score Sheet and Knowledge Test.</li> <li>Check or Money Order for \$15.00 endorsement fee, made payable to the Registry of Motor Vehicles (if applicable). If your application is not approved, the \$15.00 application fee will be returned to you.</li> </ol> (Please note that copies of documents will not be returned)		
If your application is approved, a new Massachusetts Drivers License with your motorcycle endorsement will be mailed to you within 10-15 days of receipt of this application.		
For RMV Use Only:		
Date Issued:	Issued By:	