

**NCTC GULFPORT
Motorcycle/All Terrain Vehicle Rider's Safety Questionnaire**

"For official use only – privacy sensitive: any misuse or unauthorized disclosure may result in both civil and criminal penalties."

<input type="checkbox"/> Staff Member	<input type="checkbox"/> Student	
Company:	Course Attending:	Graduation Date:

PERSONAL INFORMATION

NAME (Last, First, MI):	RATE/RANK:	AGE:	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Do you have a current motorcycle license? <input type="checkbox"/> NO <input type="checkbox"/> YES	State:	Date Of License:	Military Motorcycle Indorsement: <input type="checkbox"/> NO <input type="checkbox"/> YES

VEHICLE INFORMATION

<input type="checkbox"/> ALL TERRAIN VEHICLE	YEAR	MAKE	MODEL	ENGINE SIZE
<input type="checkbox"/> OFF-ROAD MOTORCYCLE	YEAR	MAKE	MODEL	ENGINE SIZE
<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> Cruiser <input type="checkbox"/> Sport	YEAR	MAKE	MODEL	ENGINE SIZE

How many years have you owned this motorcycle?
 Less than 1 year 1 – 2 years 3 – 5 years 6 – 10 years Over 10 years

Is this motorcycle your primary means of transportation? <input type="checkbox"/> NO <input type="checkbox"/> YES	Is this motorcycle registered on base? <input type="checkbox"/> NO <input type="checkbox"/> YES
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How many years of experience do you have operating a motorcycle?
 Less than 1 year 1 – 2 years 3 – 5 years 6 – 10 years Over 10 years

How often do you ride?
 Daily Weekly Monthly Occasionally Seldom

MOTORCYCLE SAFETY INFORMATION

Have you reviewed OPNAV Instruction 5100.12? <input type="checkbox"/> NO <input type="checkbox"/> YES	Have you reviewed the Host Command's Motorcycle Instruction? <input type="checkbox"/> NO <input type="checkbox"/> YES
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Have you completed a motorcycle safety foundation course?
 NO YES, if yes what course(s)?

<input type="checkbox"/> Motorcycle Basic Rider Course (MBRC)	<input type="checkbox"/> On Base	<input type="checkbox"/> Off Base	Date completed:
<input type="checkbox"/> Motorcycle Sport Bike Rider Course (MSRC)	<input type="checkbox"/> On Base	<input type="checkbox"/> Off Base	Date Completed:
<input type="checkbox"/> Motorcycle Experienced Rider Course (MERC)	<input type="checkbox"/> On Base	<input type="checkbox"/> Off Base	Date completed:

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Was a Page 13 completed at previous command? NO YES, if yes what command:

SIGNATURES

Member's Signature:	Print Name (Last, First, MI)	Date:
Safety Officer's Signature:	Print Name (Last, First, MI)	Date: