



DEPARTMENT OF THE AIR FORCE
45TH SPACE WING (AFSPC)

DATE:

MEMORANDUM FOR 45 SW/SEG

FROM: **Individual's Organization**

SUBJECT: Request for Motorcycle Safety Foundation Training

1. IAW DODI 6055.4 and/or AFI 91-207, para 4.6.1, request that Wing Safety schedule **(individual's name and rank/grade)** for the Motorcycle Safety Foundation Course.
2. The individual will coordinate available training dates with 45 SW/SEG. The member has been advised that they are not allowed to operate a motorcycle on or off the installation until they have successfully completed the motorcycle course.
3. IAW DODI 6055.4 and/or AFI-91-207, para 3, **(individual's name)** is released from duty without charge of leave to attend this required course.
4. The trainee has been informed that administrative and/or disciplinary action may be taken if he/she fails to attend the scheduled course. Cancellation or rescheduling of the course is acceptable under the following conditions:
 - a. Member becomes seriously ill (requires medical excuse)
 - b. Member takes emergency leave
 - c. Member is deployed or sent TDY
 - d. All other situations that the commander determines to be a valid reason
5. If dropped from course for an unapproved absence or tardiness (see above), any additional costs for rescheduling will be paid by the individual or his/her unit. To be rescheduled for the class, a letter of justification, signed by your unit commander, must be provided.

NOTE: If you are late for class, the Florida Safety Council instructor will not allow you to enter the scheduled class.

6. IAW AFI 91-207, paragraph 3.4.2.8, I have briefed the member on the requirements of this instruction.
7. I have verified that the member has or will purchase a motorcycle in the near future.
8. If you have any questions, please call **(your supervisor or commander's name and number)**.

**Your Commander's Name and
Signature**

MOTORCYCLE REGISTRATION

BASIC RIDER'S COURSE (BRC)

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

DUTY PHONE _____ HOME PHONE _____

DRIVER'S LIC INFO

STATE	DL #	EXPIRATION DATE		
		MON	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH _____

DO YOU KNOW HOW TO RIDE A BICYCLE YES NO

HAVE YOU TAKEN A RIDER COURSE BEFORE YES NO

DO YOU OWN A MOTORCYCLE YES NO

PAYMENT INFO (For 45 SW/SEG use only)

FREE VOUCHER # _____

PREPAID VOUCHER # _____

FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act and AFI 33-332

"This AF Letter (Request for Motorcycle Safety Foundation Training), requires collecting and maintaining information protected by the Privacy Act or 1974 authorized by Executive Order 12958, USC 552a. System of records notice F024 AF IL C applies."