

MOTORCYCLE OHIO FY2015 TRAINING GRANT APPLICATION

(July 1, 2014 – June 30, 2015)



**OHIO DEPARTMENT OF PUBLIC SAFETY
OFFICE OF CRIMINAL JUSTICE SERVICES
MOTORCYCLE OHIO
1970 W. BROAD ST.
COLUMBUS, OH 43223**

**PH: 1-800-837-4337
www.motorcycle.ohio.gov**

Grant email address: MOTORCYCLEGRANTS@DPS.STATE.OH.US

TABLE OF CONTENTS

I. Creation of the Motorcycle Ohio program	Page 1
A. OCJS Mission Statement	
B. MO Mission Statement	
II. Application Eligibility	
III. Motorcycle Ohio Application Process	Page 2
IV. Period of Funding	
V. General Provisions	Page 2-3
A. Program Requirements	
B. Allowable Services, Activities, and Costs	Page 4
1. Allowable Instructional and Administrative Costs	
2. Other Allowable Non-Instructional / Administrative Costs	
C. Unallowable Services, Activities, and Costs	Page 5
D. Reimbursement only Policy	
E. Priority Funding	
F. Required Personnel	
G. Information and Assurances	Page 6
H. Confidentiality of Information	
I. Reporting Requirements	
J. Submission Requirements	Page 7
K. Grant Program & Fiscal Monitoring	Page 8
L. Grants Awarded	

Grantee requirements for administrative cost	Attachment A
Grantee requirements for miscellaneous fixed cost	Attachment B
Quality Assurance (QA) Inspection forms	Attachment C
Motorcycle Safety Foundation Range Information Forms	Attachment D
Motorcycle Ohio Request to Purchase Form	Attachment E
Required Personnel	Attachment F
Grantee Invoice Form	Attachment G
Motorcycle Training Grant Invoicing Periods	Attachment H
Vendor Information Form	Attachment I
Directions and Independent Contractor/Worker W-9 Form	Attachment J
	Attachment K

**APPLICATIONS MUST BE SUBMITTED ON-LINE BY
MIDNIGHT, May 12, 2014**

Please use these instructions before and during your on-line grant application process. If you have additional questions concerning the grant application, please contact one of the following:

Grant Specialist
Melissa Armstrong

E-Mail Address
marmstrong@dps.state.oh.us

Phone Number
614-466-5150

Fax Number
614-728-8330

**The office of Criminal Justice System (OCJS) and Motorcycle Ohio (MO)
Motorcycle Safety Training Grant Application Guidelines**

Applicants requesting Grant funds should follow these steps:

- Read and thoroughly understand the Grant program guidelines.
- Have a working knowledge of the budget necessary to conduct a motorcycle training course.
- Complete the enclosed worksheets and attach necessary documentation.
- Provide any letters of support from your community leaders, fiscal section and other service providers with the application. (Optional) Please attach on the attachments page.

All applications will be submitted through the
Office of Criminal Justice Services and Motorcycle Ohio.

Definitions

“**Basic rider course**” or “**BRC**” means the basic motorcycle training course approved by the department.

“**Basic rider course-returning rider**” or “**BRC-RR**” means the basic rider course for the returning rider approved by the department.

“**Basic rider course-two**” or “**BRC-2**,” formerly known as the “experienced rider course” or “**ERC**,” means the basic rider course for the experienced rider approved by the department.

“**Advanced rider course**” or “**ARC**” means the advanced rider course approved by the department.

“**Classroom**” means any room within an approved provider facility or under contract with a provider, in which students are taught motorcycle safety and education.

“**Department**”/“**ODPS**” means the Ohio Department of Public Safety.

“**Director**” means the Director of the Ohio Department of Public Safety as set forth in division (G) of section [121.03](#) of the Revised Code, or the Director’s designee.

“**Motorcycle endorsement**” means any driver’s license with a motorcycle endorsement.

“**Instructor**” means an individual certified by the department to teach motorcycle training courses approved by the department.

“**Motorcycle Ohio**” or “**MO**” is the motorcycle safety and education program operated by the department as provided in section [4508.08](#) of the Revised Code.

“**Public provider**” or “**grantee**” means any public agency or recognized training facility contracted by the department to train the general public in motorcycle safety and education.

“**Range**” or “**riding range**” means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.

“**Site coordinator**” means a person designated by the authorized official of a motorcycle training provider to carry out orders and conduct the business and manage the provider’s training program.

I. Creation of the Motorcycle Ohio program

Section 4508.08 of the Ohio Revised Code, requires that a motorcycle safety and education program be established within the Ohio Department of Public Safety (ODPS). Additionally, O.R.C. Section 4507.21 requires 16 and 17 year olds to complete a motorcycle safety and education course to be eligible to receive a license or endorsement to operate a motorcycle. Funding for the program is established under O.R.C. Section 4501.13 which requires that \$6.00 from each annual motorcycle registration fee be deposited into the Motorcycle Safety and Education Fund to support the operations of the program.

Training was first made available to the public by the Motorcycle Ohio (MO) program in September 1988. While aimed at providing training for the minors required to complete the course to be eligible to receive a license, the program is available to everyone. Several curriculums are available for grantees to offer in their community:

1. Basic Rider Course (BRC) for beginners
2. Basic Rider Course-RR (BRC-RR) for the returning rider
3. Basic Rider Course-2 (BRC-2) for experienced riders
4. Advanced Rider Course (ARC)

An Instructor preparation course is also available for motorcyclists interested in becoming Ohio approved motorcycle safety instructors.

A. OCJS Mission Statement

OCJS's mission is to reduce and prevent crime throughout the state, save lives, and reduce injuries on Ohio's roads.

B. MO Mission Statement

To provide an affordable motorcycle rider training course to reduce fatalities and injuries on Ohio's roadways through the three major components: rider education, public information campaigns and licensing improvement.

II. Applicant Eligibility

In order to be eligible for grant funding, a grantee can be a new or existing motorcycle training and education grantee, operated by either a public or non-profit organization, whose principal mission is to provide services to the general public.

MO will evaluate each grant proposal to determine its funding eligible based on the following criteria: (1) meet the submission deadline; (2) meet the minimum proposal requirements; and (3) be willing to change any submission fees to meet budget restraints.

MO will award grants based on: (1) the amount of funding available to MO; (2) the total number of proposals submitted to MO; and (3) past performance of grantee applicants. Additionally, all grant recipients must agree to the conditions set forth in the General Provisions listed herein.

III. Motorcycle Ohio Application Process

In FY2015 the Motorcycle Ohio program will continue to be a grant administered program, reimbursing government or not-for-profit agencies wishing to provide the motorcycle training courses and community education for safe riding.

The grant application process will open April 9, 2014 and is available through the Office of Criminal Justice Service (OCJS), Motorcycle Ohio. Applications are due by midnight on May 12, 2014 and will be reviewed by a committee selected by the MO program. The committee will review applications and make funding recommendations to the Administrator of the OCJS and the Director of the Department of Public Safety (ODPS). Funding announcements will be released by June 2014.

IV. Period of Funding

Fiscal Year 2015 Motorcycle Ohio grants awards will support project activities that occur between July 1, 2014 and June 30, 2015.

Late proposals will **NOT** be considered for funding. OCJS/MO is not responsible for an applicant's personal computer or internet access failure occurring at the proposal deadline. In the event that OCJS experiences an internal server malfunction, OCJS will notify Proposal Administrators or an updated submission deadline.

V. General Provisions

Motorcycle Ohio establishes criteria that must be met by all organizations that receive grant funds. These funds are awarded to applicants for the purpose of providing motorcycle training services and safety education to the public. Eligible applicants should review this section carefully in order to ensure program eligibility.

A. Program Requirements

1. All grantees must abide by the Ohio Administrative Rules, the Motorcycle Ohio Policy and Procedure Manual, MO office guidance and memorandums provided during the course of the year or upon request.
2. Grantee Requirements are attached:
 - Attachment A – Administrative Cost
 - Attachment B – Miscellaneous Cost
3. Grantees must offer the Basic Rider Course and may *choose* to offer any of the other approved courses.
4. Grantees must use instructors from the Motorcycle Ohio certified instructor list. Instructors must teach a minimum number of courses, for any grantee or combination of grantees, to remain on the certified list the following year:
5. (*Administrative Code 4501-53-3 and 4501-53-4*). While grantees have the right to contract with whom they wish, MO encourages grantees to use multiple instructors so they may maintain their certification to teach within the Ohio program. This will benefit the pool of instructors used by all grantees.

6. Grantees must abide by the MO Peer Observer Program. MO uses this program to maintain quality control. The Peer Observer Program is resourced provided to motorcycle safety instructors. It serves to provide a quality rider education program by assisting each individual instructor in developing exceptional teaching abilities. Peer Observers are active MO Instructors who are trained in Peer Observer techniques and guidelines.
7. Grantees must abide by the Quality Assurance (QA) programs which will be administered by the state office. MO uses this program to maintain quality control. The QA program is administered by the state to assist in maintaining the high standards of the program. A MO staff member will visit grantees to verify that administrative rules and program standards are met. The Quality Assurance requirement form is attached. (Attachment C)
8. Grantees are responsible for full compliance with Ohio Executive Order 2011-03K, and all Ohio ethic rules and regulations, as well as, any conflict of interest laws set forth and specified in Ohio Revised Code 102.02, 102.03, 102.04, and 2921.40 violations and / or noncompliance with those laws or the Executive Order will result in immediate termination of the grant agreement.
9. Grantees must have a "DRUG / SMOKE FREE WORKPLACE." The grantee certifies that to the best of his / her ability, all of his / her employees will not purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way while working on state property. Failure to comply may result in IMMEDIATE termination of this Agreement."
10. Submit a completed Motorcycle Safety Foundation RiderCourse Range Information Form and pictures of the range Motorcycle Ohio Office after the grant application has been submitted. The MSF RiderCourse Range Information Form and pictures should be emailed to: motorcyclegrants@dps.state.oh.us
(Attachment D)
11. The use of tobacco products will conform to the state laws and facility regulations where the course is being held.
12. All MO training (classroom and range) will be conducted and completed within the geographical boundaries of the State of Ohio.
13. Supply professional liability insurance for training conducted at your facility(s). Amount determined by your organization or legal representative. Enter cost under the miscellaneous fixed cost worksheet and attach a copy of the policy to the grant. The professional liability insurance certificate should be emailed to: motorcyclegrants@dps.state.oh.us

B. Allowable Services, Activities, and Costs

Administrative Guidance will be provided by The Ohio Revised Code, the Administrative Rules, the MO Policy, the Procedure Manual, and the MO staff. Allowable purchases must be used for approved motorcycle safety education courses. All purchases must be submitted to and approved by MO on a Request for Purchase Form prior to incurring the cost. Outreach efforts should be made and materials should be provided to reach the county's ethnic and / or limited English speaking populations. The Request to Purchase Form (Attachment E)

The grantee must submit a final draft copy of all promotional materials to the MO office for approval prior to production.

1. **Allowable Instructional and Administrative Costs** - The following is a non-inclusive list of services, activities and costs associated with motorcycle training that are considered to be eligible for support with grant funds:
 1. Instructional Costs- Fees for instructors and other related cost or fees.
 2. Administrative Costs- Coordinator fees, clerical fees, supplies, postage, copying, motorcycle maintenance, gasoline and other costs directly associated with courses.

2. **Other Allowable Non-Instructional/Administrative Costs** (Misc. fixed cost)
The following is a non-inclusive list of services, activities and one-time purchases that are related to conduct motorcycle training and education eligible for support with grant funds:
 - a. Equipment (such as fire extinguisher, cone cart, cones, range cleaning equipment, first aid kit, paint stick, measuring wheel, portable toilets etc.)
 - b. Publicity and promotional events / activities associated with the MO program and motorcycle safety;
 - c. All advertisement must be submitted to and approved by MO on a Request for Purchase Form prior to any advertisement being published and incurring the cost.
 - d. Pavement paint and the services of an MO approved range painter and motorcycle maintenance;
 - e. Costs associated with attendance at MO meetings for the site coordinator / grant coordinator.
 - f. Instructor travel to remote areas to teach.

C. Unallowable Services, Activities, and Costs

The following services, activities, and costs, although not inclusive, cannot be supported with Grant funds:

1. Any services outside of allowable costs in listed above without written permission from Motorcycle Ohio;
2. Fundraising activities;
3. Shirts for Instructors;
4. Costs related to food for meetings, awards banquets, etc.
5. Indirect organizational costs such as liability insurance on buildings, capital improvements, real estate purchases, construction costs, etc.
6. Alcohol is not allowed to be purchased with funds from this grant.

D. Reimbursement only Policy

The administering agency must first incur the cost for approved expenditures and then apply for the reimbursement. Appropriate and accurate documentation will be required for each expense. All purchases must be submitted to and approved by MO on a Request to Purchase form prior to incurring the cost.

E. Priority Funding

Priority will be given to applicants serving areas of the state where the need for motorcycle training is greatest.

F. Required Personnel

- i. Authorizing Official – the authorizing official is usually the head of an organization / agency. This individual must possess or have the ability to obtain the legislative authority to enter into an agreement with OCJS, should the proposal be approved for funding.
- ii. Project Director – The project director is designated as the agency's liaison with MO by the authorizing official. Should the proposal be approved for MO funding, this individual will oversee the daily activities of the grant and ensure that the scope of work and evaluation are completed as proposed. This individual will also serve as the primary contact person for the grant.
- iii. Fiscal Officer – The fiscal officer is responsible for fiscal activities for the agency. This individual is responsible for overseeing the grant's budget, as well as submitting properly prepared claims for reimbursement to MO.

Each proposal must have the above personnel assigned to the Grant. Please complete the Required Personnel form. (Attachment F)

G. Information and Assurances

Grantees receiving funding from the Office of Criminal Justice Services / Motorcycle Ohio are required to agree to the following:

- i. Provide confirmation that the applicant is a government or non-for-profit agency or organization.
- ii. Provide confirmation from the agency authorizing official that the Grantee has the financial resources to fund the program prior to reimbursement from the state;
- iii. Ensure compliance with the applicable provisions of the Ohio Revised Code (ORC 4508.08), Ohio Administrative Rules (OAC 4501-53); Motorcycle Ohio Policy and Procedures and Motorcycle Ohio Office directives;
- iv. Provide an assurance that funds granted under this application will not be used to supplant federal, state, or local funds, which would otherwise be available to grantee;
- v. Provide confirmation that appropriate accounting, auditing, and monitoring procedures will be employed and that records are maintained to assure fiscal control, proper management, and efficient disbursement of the grant funds.

H. Confidentiality of Information

No recipient of funds under this grant shall use or reveal any personal or statistical information furnished under this program for any purpose other than the purpose for which such information was obtained. This provision is intended, among other things, to assure the confidentiality of information provided by students to grantees receiving grant funds.

I. Reporting Requirements

The Grantee is required to submit and invoice, attach a copy of the student report form and a copy of the first night signature roster of each class that pertains to the invoice that is being submitted for reimbursement.

The invoice and attachments must be submitted to the MO office at the end of the month. (Attached G, sample of an invoice).

Grant recipients are required to maintain appropriate program and financial records that fully disclose the amount and disposition of grant funds received. Financial claims for program expenditures are due no later than **30 days following each course.** Failure to comply with these requirements may result in administrative action such as suspension of payments, termination of grant award, or non-certification of new grant awards.

The motorcycle training grant invoicing periods is attached. (Attachment H)

J. Submission Requirements

Voluntary Cancellation. A grantee may elect to terminate the award at any time by notifying MO in writing of the termination date. The grantee is entitled to reimbursement costs for all allowable expenditures incurred up to the new termination date.

Non-Operational Cancellation. A project is considered operational if staff has been hired, funds obligated or when the project has begun activities toward meeting the objectives.

Operational Within 60 Days. If a project is not operational within 60 days of the original start date of the grant period, the grantee must report by letter to MO the steps taken to initiate the project, the reasons for delay and the expected start date.

Operational Within 90 Days. If a project is not operational within 90 days of the original start date of the grant period, the grantee must submit a second statement to MO explaining the implementation delay. Upon receipt of the 90-day letter, MO may cancel the project and redistribute the funds to other projects. MO, where warranted by extenuating circumstances, may also extend the implementation date of the project past the 90-day period. When this occurs, the appropriate grant files and records must so note the extension.

If a project fails to follow the steps above and is not operational within 90 days, MO will cancel the award.

Non-Compliance Sanctions and Termination. If MO determines that a grantee materially fails to comply with the terms and conditions of a grant award, MO may take one or more of the following actions. These actions will not be taken without reasonable written notice to the grantee and the opportunity for the grantee to present its case, if requested in a timely fashion, to MO.

1. Disallow (deny both use of funds and any applicable matching credit for) or refuse the payment of all or part of the cost of the activity or action not in compliance.
2. Withhold payments to the grantee pending correction of the deficiency.
3. Wholly or partly suspend or terminate the current grant.
4. Suspend other MO issued grant payments and hold future awards to the grantee pending correction of the deficiency.
5. Take other remedies that may be legally available.

In the event that a project is terminated, MO will notify the grantee in writing with the reason and the effective date of the termination. MO will afford the grantee a reasonable time to terminate project operations and will request the grantee seek support from other sources. A project terminated early will be subject to the same requirements regarding audit, record keeping and submission of reports as a project running the duration of the project period.

K. Grant Program and Fiscal Monitoring

Motorcycle Ohio conducts periodic reviews for the financial policies, procedures, and records of grantees. Therefore, upon request, recipients allow authorized representatives of the Motorcycle Ohio program to access and examine all records, books, papers, course files or documents related to the grant. The classroom, equipment, range, storage container and motorcycles are other items the representative may examine.

L. Grants Awarded

All grants are awarded using these qualifications:

1. Enrollment
2. Demographics
3. Fatalities

If there are two or more applicants and only one grant can be awarded, further justification will be required by the Grant Review Committee.



The following documents have to be submitted with the grant worksheets to the MO office for acceptance of the grant.

Attachment D	MSF Rider Course Range Information Form (only if you are applying to become a new grantee)
Attachment F	Required Personnel
Attachment I	Vendor Information Form
Attachment J	Independent Contractor/Worker Acknowledgement Form
Attachment K	W-9 Form



Grantee Requirements

The following is a summary of the requirements for Administrative Cost:

Requirement No.	Requirement
1	Provide the name and contact information of the authorizing official responsible for contact with Motorcycle Ohio.
2	Use the Motorcycle Ohio database for registering students courses and report course information;
3	Utilize certified instructors from the list of instructors provided by Motorcycle Ohio;
4	Provide staff and administrative capability to formulate, finalize, and transmit by means of electronic data entry, the reimbursement claim and reports required by Motorcycle Ohio;
5	Record testing results of students in the MO database by noon of the next business day after conclusion of the course;
6	Retain records for courses, incident reports, etc. for a minimum of three (3) years;
7	Ensure well maintained concrete or asphalt range surface (no pot holes; no loose gravel or debris, no large bumps or surface elevations, no more than 5% grade);
8	Provide classroom facilities which will have, at a minimum, a TV/DVD, chalkboard or large wall paper pads, furniture to accommodate no less than twelve (12) students, and two (2) instructors;
9	Ensure the fiscal structure and financial resources to operate program until state reimbursement is received;
10	Provide a variety of course scheduling possibilities (weekday, weekend, two week, large course, double course, etc.);
11	Conduct a minimum of 18 student courses per calendar year.
12	Conduct student re-tests per ODPS / MO Policy and Procedure Manual when necessary;
13	Provide training courses to the general public, without geographic limitations or personal discrimination;
14	Report to ODPS / MO, next business day after any property damage or personal injury incident which includes any course participant, equipment or instructional staff. Any oral report must be followed by a written report. Complete the MO incident report form and fax a copy to the MO office.
15	Promote training and education programs at the local level.
16	If requested, provide pictures of range, using information provided by MO, and a diagram/with measurements of the pavement used for training. (Attached is a sample of MSF requirements).

17	Submit an annual inventory of all MO equipment to the MO office upon request.
18	All instructors' salary will be paid \$26.00 per hour, per curriculum.
19.	Submit a completed Motorcycle Safety Foundation RiderCourse Range Information Form and pictures of the range Motorcycle Ohio Office after the grant application has been submitted. The MSF RiderCourse Range Information Form and pictures should be emailed to: motorcyclegrants@dps.state.oh.us
21.	The BRC-2 and ARC courses will be reimbursed as per course cost for 7-12 students. If less than 7 students, the Grantee will be reimbursed per student cost.



Grantee Requirements

The following is a summary of the requirements for Miscellaneous Fixed Cost:

Requirement No.	Requirement
1	Provide for no less than one (1) staff member to attend up to three (3) mandatory meetings per year in Columbus;
2	Provide fire extinguisher, first aid kit, and fuel for motorcycles;
3	Provide a motorcycle storage container with a minimum size of 8' x 40' or a sheltered secure structure for storage that would accommodate 14 motorcycles, helmets and other associated equipment, such as cones, cone cart, toolboxes, battery charger, gas cans, etc.;
4	Provide course range with parameters of no less than 120' x 220' with an additional 20' / 40' run-off, free of light poles, parking area dividers, curbs, grass and / or tree islands, etc.
5	Hire and schedule only MO approved instructors for speaking engagements or events. All speakers will be paid \$30.00 flat rate.
6	<p>Hire and schedule only MO certified range painters to layout and paint ranges at their facility. All instructors will be paid a flat rate of \$30.00 per hour for paint, layout and design a range.</p> <p>When the instructor leaves home is when their time begins and when they arrive home, their time will end. The Grantee will monitor the total mileage.</p> <p>The total hours to be conducted for painting a range: Touch-up should take 2 hours. Painting should take 4-5 hours. Paint the range from scratch should take 10 hours.</p>
7	Provide paint and chalk for the range painters. The approved paint colors are white and yellow. The approved chalk color is orange.
8	Supply professional liability insurance for training conducted at your facility(s). Amount determined by your organization or legal representative. Please attach a copy of policy to the grant. The professional liability insurance certificate should be attached to the grant application.
9	All advertisement must be approved by MO. A Request for Purchase Form needs to be completed prior to any advertisement being published and incurring the cost. The maximum cost for the advertising is no more than \$500.00.



OHIO DEPARTMENT OF PUBLIC SAFETY

QUALITY ASSURANCE (QA) INSPECTION

This document combines the **PRE-INSPECTION QUESTIONNAIRE** with an **ON-SITE INSPECTION CHECK LIST** component:

- A. The complete document is a **PRE-INSPECTION QUESTIONNAIRE**, to be completed, signed, and presented to the Motorcycle Ohio (MO) Quality Assurance (QA) personnel prior to the actual on-site inspection. The complete document needs to be completed by the training site's program coordinator or authorizing official.
- B. The **ON-SITE INSPECTION CHECK LIST** is a checklist to verify selected pre-inspection responses. The selected areas that are to be verified by the MO QA field staff are not shaded.
- C. Note: Pre-Inspection Questionnaire questions are listed / shown for reference in On-Site Inspection Check List. Shaded out areas may be verified by the MO QA field staff.

If the authorizing official or site coordinator needs to make changes as a result of non-compliance, the opportunity to remedy the problem may be given in accordance with the Standard Inspection Process established by the ODPS / MO. Set a date for follow-up and / or to re-inspect in accordance with the Standard Inspection Process established by ODPS / MO. Depending on the nature of the violation, the re-inspection may be done by fax or email.

The inspection and interview process is intended to be a cooperative effort with training providers to confirm compliance or to bring training providers into compliance. Any recommendations for administrative action against any training provider, authorizing official, or instructor shall be at the discretion of the ODPS / MO.

With few exceptions, the standards are worded in the positive form so that a "Yes" response is the one required under the rule. A "No" response will require an explanation and / or correction by the training provider and confirmation from the MO QA staff.

- D. The response sections are worded in the positive form so that
- E. A "Yes" response is the one required under the rule,
- F. A "No" response will require an explanation and / or correction by the training provider and confirmation from MO QA staff.
- G. A "Not Applicable" (N/A) means that this standard is not applicable to the training location under inspection and will require an agreement from ODPS / MO.
- H. Answering "REF" means that there are attachments as supporting documentation. Supporting documentation may be required for a "Yes", "No" or "N/A" response depending on circumstance. All supporting documentation must be attached separately and clearly reference the rule it is supporting.
- I. Answering "Not Applicable" (N/A) means that this standard is not applicable to the training location under inspection and will require agreement from ODPS / MO.
- J. This inspection report comments on a sampling of the training provider's documentation, procedures, as well as your facilities and equipment. It reflects a snapshot of what you reported and / or was observed by the MO QA staff during the inspection. This report is not intended to and should not be construed as verification that all of your records and procedures meet the Ohio Administrative Code rules.
- K. It continues to be the training provider's responsibility to ensure that your documentation and procedures are in compliance with applicable laws and administrative rules throughout the entire year.
- L. Please be aware that depending upon the nature of rule violations that may have been identified during the inspection, the department may take further action, up to and including administrative action(s).

DEFINITIONS

- A. **Motorcycle Ohio (MO)** is the motorcycle safety and education program operated by the department as provided in section 4508.08 of the Revised Code.
- B. **Department** means the Ohio Department of Public Safety.
- C. **Director** means the Director of the Ohio Department of Public Safety as set forth in section 121.03(G) of the Revised Code, or the Director's designee.
- D. **Training provider** means any organization (public, private or corporation) approved by the department to train the general public in motorcycle safety and education.
- E. **Authorized official** means any person who owns or who maintains responsibility on behalf of an individual for, a corporation, business trust, estate, trust, partnership, or an association for the facilities, equipment, instructors, site coordinators, and other employees of a motorcycle training provider.
- F. **Site coordinator** means a person designated by the authorized official of a motorcycle training provider to carry out orders, instruct, and conduct the business and manage the training provider's motorcycle training program.
- G. **Skill Waiver Curriculum** means a motorcycle training course is approved by the department that provides a skill waiver card upon the successful completion of the approved curriculum.
- H. **Advanced / Experienced Rider Classes** means the any experienced or advanced motorcycle training course approved by the department.
- I. **Chief instructor** means an instructor specially trained to conduct instructor preparation courses, instructor refresher workshops, and instructor evaluations, to approve ranges, and to conduct training provider inspections.
- J. **Classroom** means any room within an approved training provider facility or under contract with a training provider, in which students are taught motorcycle safety and education.
- K. **Classroom instruction** means the portion of a motorcycle training course devoted to teaching motorcycle knowledge which does not include the student's operation of a motorcycle.
- L. **Completion card** means a card, created by the department that is issued to students who successfully complete the BRC or BRC-RR through an approved training provider. The completion card may be used for the purpose of obtaining a waiver of the on-cycle skill test pursuant to section 4507.11 of the Revised Code.
- M. **Motorcycle endorsement** means any driver license with a motorcycle endorsement.
- N. **Instructor** means an individual certified by the department to teach a motorcycle training courses approved by the department.
- O. **Instructor of record** refers to the instructor hired by a training provider or the department to teach a given course and receive compensation for that course. An instructor volunteering the instructor's teaching services unless assigned by the training provider or department as an instructor is not considered an instructor of record.
- P. **Instructor Preparation Course (IPC)** means a course of instruction to teach potential motorcycle instructors how to train the general public in motorcycle safety practices.
- Q. **Range or riding range** means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.
- R. **Range instruction** means a portion of a motorcycle training course devoted to teaching motorcycle skills which includes the student's operation of a motorcycle.

ON-SITE INSPECTION CHECK LIST

Shaded out areas may be verified by the QA field staff.

NAME OF TRAINING PROVIDER	RERP #	PHONE	
ADDRESS	CITY	STATE	ZIP
MO QA INSPECTORS NAME	AUTHORIZING OFFICIAL		

I. SKILL WAIVER CURRICULUMS				
	YES	NO	N/A	REF
A. Is the training provider's curriculum for the Classroom approved by the Director and include at least 4 hours of classroom for the BasicRider class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the training provider's curriculum for the Classroom approved by the Director and includes at least 2 hours of classroom for the BasicRider Course for Returning Rider class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the training provider's curriculum for the Range approved by the Director and includes the at least 6 hours of range time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. All the material taught in sequence and not modified by instructors or training provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the training provider provide the following instructor to student ratio?	YES	NO	N/A	REF
1. Classroom – One Instructor for a maximum of twenty four registered students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the maximum number of students allowed for on-cycle instruction twelve students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Range – One Instructor for no fewer than two students or more than six students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Range – Two Instructors for no more than twelve students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do all students have a valid temporary permit, a motorcycle endorsement, or a motorcycle-only license prior to participating in range instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do all students successfully completing the BRC receive a MO completion card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the training provider provide training motorcycles with 100cc to 500cc engine displacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Does every student participating in the BRC range instruction wear the proper clothing including the following?	YES	NO	N/A	REF
1. Proper eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DOT approved helmet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sturdy over the ankle footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Long sleeved shirt or jacket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sturdy full-length pants without holes or tears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Full fingered gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Within 24 hours of completing the BRC & BRC-RR does the training provider complete and submit online to the department a student report form containing	YES	NO	N/A	REF
1. Training provider name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name of authorized official and site coordinator, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. SKILL WAIVER CURRICULUMS (continued)				
	YES	NO	N/A	REF
3. Signature of authorized official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructor names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Class type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Student information including name, address, date of birth, driver license number and gender.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Each student's score on the knowledge test and skill test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Each student's status code, listed as pass or fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The completion card number for each student passing the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ADVANCED / EXPERIENCED RIDER CLASSES				
	YES	NO	N/A	REF
A. Has the curriculum been approved by the Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the advanced class consist of a minimum of five hours of range work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the range exercises taught in the correct sequence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Range exercises taught by 1 instructor with no more than 6 riders and 6 co-riders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are the range exercises taught by two instructors with more than 7 riders and co-riders but not more than 12 riders and 12 co-riders (when applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do all participants operating a motorcycle have a valid motorcycle endorsement or motorcycle-only license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are all students successfully completing the course issued a completion card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the training provider provide motorcycles to be used in the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Does the training provider enforce the use of proper riding gear?	YES	NO	N/A	REF
1. Eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DOT approved helmet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sturdy over the ankle footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Long sleeved shirt or jacket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sturdy full length pants without holes or tears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Full fingered gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Within 24 hours of completing the advanced / experience class does the training provider complete and submit online to the department a student report form containing	YES	NO	N/A	REF
1. Training provider name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name of authorized official and site coordinator, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Signature of authorized official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructor names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Class type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ADVANCED / EXPERIENCED RIDER CLASSES (continued)

	YES	NO	N/A	REF
6. Student information including name, address, date of birth, driver license number and gender.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Each student's score on the knowledge test and skill test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Each student's status code, listed as pass or fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. INSTRUCTOR CERTIFICATION & QUALIFICATIONS TO TEACH

	YES	NO	N/A	REF
A. Are all Instructors certified to teach by the department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the training provider using only in-state Instructors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have the training provider Instructors been observed teaching a training provider course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. To the best of knowledge have the Instructors taught at least two state sponsored courses each year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If the training provider conducts advanced courses, have those Instructors been certified by the Director to teach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. List of Instructors used during the current training season – <u>Please attach list.</u>				

IV. INSTRUCTOR PROFESSIONAL STANDARDS

Do the Instructors used by the training provider meet the following?	YES	NO	N/A	REF
A. Conduct training that conforms to standards of other persons certified to teach under similar circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Wear proper riding gear while traveling to, from, and during motorcycle courses or attending motorcycle functions representing themselves as Instructors including:	YES	NO	N/A	REF
1. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DOT helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sturdy over the ankle footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Long sleeved shirt or jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sturdy full length pants without holes or tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Full fingered gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintain an alcohol-free and drug free course environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Conduct themselves in a professional manner, including	YES	NO	N/A	REF
1. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not discriminate in the provision of motorcycle training on the basis of color, religion, sex, or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. INSTRUCTOR PROFESSIONAL STANDARDS (continued)

D. Provides instruction within the scope of the instructor's certification to instruct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Consistently demonstrate a standard of knowledge and competency that at least meets the minimal level required under the Instructor's certification to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. TRAINING PROVIDER QUALIFICATIONS FOR CERTIFICATION OF APPROVAL

A. Ownership of Training Site				
Is the established place of business? (Check One) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented				
B. Training Site Requirements	YES	NO	N/A	REF
1. Does the training provider maintain at least one fixed location in which a training site is operated and where training is conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the training provider maintain at least one office in a fixed geographic location where records are maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the training provider maintain at least one classroom where students are instructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If fixed location is a modular unit, is the structure installed on a permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A house trailer, tent, temporary stand, post office box, rooming house, or apartment is not being used by the training provider or its office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. An office within a residence or a room in a hotel or motel is not being used as its office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An office or classroom is not shared with any other training provider? (Unless the same person owns both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Training provider's Office Requirements	YES	NO	N/A	REF
1. Does office have adequate space to maintain the required records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does office have a permanent wall of sufficient construction to prevent distractions and noise in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If no permanent wall exists, is the office closed for business during the classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the office located in the same county as, or in a county adjacent to, the training provider for which student records are being stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Training provider's Classroom Requirements	YES	NO	N/A	REF
1. Does classroom comfortably accommodate at least 12 students and 2 instructors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the classroom equipped with a variety of audio and visual training aids that support the course curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the classroom reasonably free of visible and audible distractions and present an atmosphere adequate for learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the classroom have a clean and functional restroom that is available for students within its facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the classroom conform to all federal, state, local fire, building, and safety regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are student Rider Handbooks provided to each and every student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. TRAINING PROVIDER QUALIFICATIONS FOR CERTIFICATION OF APPROVAL (continued)

E. Training provider's Range Requirements	YES	NO	N/A	REF
1. Has the training providers range been approved or audited within the past 3 years? If yes, then please attach a letter of approval. If no, then a range audit needs to be scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the training provider's range a full size, 200' x 300' range? If yes, please attach the current required range documentation as directed by the curriculum provider. If no, then please provide the required range documentation as directed by the curriculum provider. This may include range diagrams, path of travel, exercise reversals, range hazards, etc. The approved range documentation should be up to date and match the letter of approval from the curriculum provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entire range free from obstructions, loose gravel, debris, and parked cars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the range area blocked off from all vehicular and pedestrian traffic during range training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Marked to provide a clear path of travel for the students and visible cone positions for the instructors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have on hand an industrial-sized First Aid Kit readily available during range exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have on hand a 10 pound fire extinguisher with a class ABC rating that has been hydrostatic tested every 5 years and charged every 2 years readily available during range exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have on hand emergency instructions readily available during range exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is smoking allowed in only safe areas during breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Please attach a copy of the Motorcycle Inspection Form used prior to each riding session				
11. Are only 2" cones used on the range? If not, please specify size used. _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all scheduled breaks provided per the Instructor Guide recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. While spectators are welcome, are they prohibited from the range during training exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is non-Instructors-of-record (visiting) prohibited from instructing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do Instructors have access to an emergency phone within a reasonable proximity of the classroom and range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do student owned motorcycles used in BRC & BRC-RR classes meet the requirements of MO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are rest rooms and drinking water within reasonable proximity of the classroom & range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Training Provider Site Coordinator Responsibilities	YES	NO	N/A	REF
1. Does the training provider perform or have a designated site coordinator to perform administration and operation of the motorcycle training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the training provider perform or have a designated site coordinator perform an ongoing review and evaluation of the course content, instructors, and student performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. TRAINING PROVIDER QUALIFICATIONS FOR CERTIFICATION OF APPROVAL (continued)

	YES	NO	N/A	REF
3. Does the training provider perform or have a designated site coordinator perform the assignment of Instructors and scheduling of program courses?(If no, please explain on a separate sheet of paper and return with this form.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the training provider perform or have a designated site coordinator to prepare or approve all documents required to be submitted to the department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the training provider perform or have a designated site coordinator to assure the adequacy of all course training materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the training provider perform or have a designated site coordinator to assure the safe operating condition of all motorcycles used by the students in the BRC & BRC-RR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the training provider or a designated site coordinator assure the course meets the curriculum Requirements set forth in chapter 4501-53-02?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the training provider have a sufficient number of certified instructors to ensure the correct student / teacher ratios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Please attach your current program policies, including:	YES	NO	N/A	REF
1. Name of curriculum used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Instructor requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student / teacher ratios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attendance requirements for (1) tardiness, (2) course completion, and (3) make up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ADA policy administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Registration: (1) Refund and (2) Walk-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of student-owned motorcycles in the BRC & BRC-RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Course completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Student eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Harassment and discrimination policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Complaint procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. PUBLIC TRAINING PROVIDER QUALIFICATIONS OF CERTIFICATION OF APPROVAL

	YES	NO	N/A	REF
A. Have all training provider courses been taught pursuant to section 4508.08 of the Revised Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have all courses been taught through an approved instructor certified to teach by the Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. TRAINING PROVIDER INSPECTIONS

	YES	NO	N/A	REF
A. Are the training provider's records on-site and accessible for viewing and copying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all required records kept at no longer than 3 years plus the current year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. TRAINING PROVIDER INSPECTIONS (continued)

	YES	NO	N/A	REF
C. Signed by authorizing agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Student Report form has course completion card numbers for BRC classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Complete and signed waivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accident and Incident forms properly filled out and signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Course evaluation forms filled out for each class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RENEWAL OF PRIVATE TRAINING PROVIDER CERTIFICATION OF APPROVAL

	YES	NO	N/A	REF
A. Are you aware of the renewal policy for certification of approval is a certificate of approval per 4501-53-09 of the Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is it anticipated that the private training provider will apply for a renewal certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Please attach the current certification as issued by the department.				

IX. TRAINING PROVIDER PROFESSIONAL STANDARDS

	YES	NO	N/A	REF
A. Is the training provider's authorized official and / or site coordinator aware of any suspicion or knowledge of any violation of this chapter or failure of any instructor to conform to the rules in this chapter or chapter 4508 of the Revised Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the authorized training provider official or site coordinator been convicted of a felony, or an equivalent conviction from another jurisdiction, or any misdemeanor of the first or second degree which is reasonably related to a person's ability to serve safely and honestly in connection with the motorcycle training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. TRAINING PROVIDER INSURANCE

	YES	NO	N/A	REF
A. Please attach a copy of financial responsibility as specified in Chapter 4508 of the Revised Code.				
B. Is the insurance coverage acquired from a company licensed to do business in this state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the coverage in effect as long as the training provider is operating a motorcycle training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the training provider have proof of the insurance coverage in the training provider's office and with all motorcycles used for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the certificate of insurance available for inspection during reasonable hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Each training provider shall maintain insurance coverage as follows:	YES	NO	N/A	REF
1. Does the training provider insurance provide not less than one million dollars per occurrence and two million dollars aggregate for bodily injury of property damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the training provider insurance provide for Medical coverage in the amount of ten thousand dollars for each individual injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the medical coverage provide for coverage from the first dollar for students injured without their own medical coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the training provider and the state of Ohio each named as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. TRAINING PROVIDER INSURANCE (continued)				
	YES	NO	N/A	REF
G. Please attach a copy of the current waiver and release form?				
H. Does the training provider realize that failure to attain the required insurance coverage including the record of current coverage may result in the suspension or revocation of a certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. If the training provider's instructors are private contractors, does their personal services contract require them to provide their own professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. If the training provider's instructors are employees, please provide a copy of their professional liability coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This area left blank for comments by the Authorizing Official or Site Coordinator.

AUTHORIZING OFFICIAL OR SITE COORDINATOR

X

DATE

This area left blank for comments by the QA Field Staff.

QUALITY ASSURANCE FIELD REPRESENTATIVE

X

DATE

FOR MOTORCYCLE OHIO USE ONLY

QUALITY ASSURANCE VISIT

COMPLIANT NON-COMPLIANT

Reason Why Non-Compliant / Rule Violation:

If NON-COMPLIANT, is a follow up visit scheduled?

YES - If yes, please provide the follow up and / or re-inspecting date:

NO - If the follow-up is completed by fax or email please attached the supporting corrective action

@ mogen@dps.state.oh.us.



QUALITY ASSURANCE (QA) INSPECTION SUMMARY

TRAINING PROVIDER NAME	RERP NUMBER
<p>TO:</p> <p>During your Motorcycle Ohio Quality Assurance inspection on _____ the following discrepancies were noted:</p> <p>Violation:</p> <p>Action required by training provider: It is the training provider's responsibility to show compliance with the "Action required by training provider". Please contact us or send in the above mentioned.</p>	

FOR MOTORCYCLE OHIO USE ONLY

DATE		
<input type="checkbox"/> TELEPHONED	<input type="checkbox"/> ON-SITE CONSULTATION	<input type="checkbox"/> LETTER / EMAIL
PRINTED NAME	SIGNATURE X	



**MSF RIDERCOURSESM
RANGE INFORMATION FORM**

Attachment D

v.101111

Instructions:

- Complete one Range Information Form (RIF) for each proposed range
- Include photos of the proposed range as depicted in MSF's Guidelines for Range Photographs
- Include diagram(s) for Alternate or Modified ranges
- Return the completed form & range photos to: rerp@msf-usa.org
- Call (949) 727-3227 for technical assistance

RANGE INFORMATION					
BUSINESS NAME OF TRAINING PROVIDER:				RERP NUMBER:	
NAME OF RANGE LOCATION:				RANGE NICKNAME:	
PHYSICAL STREET ADDRESS OF RANGE:			CITY:	ST/ PROV:	Zip:
COUNTRY:	ENROLLMENT PHONE:		ADD RANGE TO MSF PUBLIC WEBSITE? YES NO _____	IS THIS RANGE SHARED WITH AN OTHER RERP? YES NO _____	
THIS SECTION MUST BE COMPLETED BY AN ACTIVE MSF-CERTIFIED RIDERCOACH					
RANGE TYPE (CHECK ONLY ONE – definitions are on page 2 of this form):					
___ STANDARD RANGE	Length 220 feet x Width 120 feet. Layout is as depicted in the RiderCoach Guide (page 19)				
___ ALTERNATE RANGE	Size: Length _____ by Width _____ Submit page 1 of the appropriate diagram from RETSORG				
___ MODIFIED RANGE	Size: Length _____ by Width _____ Submit diagrams for Ex 2-17 (one page per exercise)				
RIDERCOURSE(S) to be conducted at this range (check all that apply):					
___ BRC/BRC2	___ ARC	___ 3WBRC	___ BBBRC/UBBRC	___ MSRC (military RERPs only)	___ Other _____
MSF requires all ranges to have a minimum of 20 feet of paved run-off.					
The Training Provider, in consultation with an active MSF-certified RiderCoach, shall determine whether the range location and configuration is appropriate in light of any safety hazards beyond 20 feet from the range.					
I affirm that I am a currently active MS-certified RiderCoach and have inspected the above-stated site and the proposed range layout. I affirm that the dimensions, runoff space, and photographs are accurate as indicated and that the range location and configuration is appropriate.					
RIDERCOACH NAME (Print)				RIDERCOACH ID#	
RIDERCOACH SIGNATURE			DATE	PHONE	
SIGNATORY TO THE RERP AGREEMENT					
NAME (PRINT)				PHONE	
SIGNATURE				DATE	
STATE OR MILITARY COORDINATOR SIGNATURE					
I am aware that this range is being applied for under:					
COORDINATOR NAME (PRINT)			(fill in RERP number and Sponsor name above)		
COORDINATOR SIGNATURE				DATE	



MSF RIDERCOURSESM RANGE INFORMATION FORM

v.101111

MSF reserves the right to ask RERP Sponsors for further description of any safety hazard, significant or otherwise, whether in or outside the range or runoff area. Training may not take place until the range has been approved by the MSF and the Sponsor has received written notice of approval. The act of submitting documentation for a new or relocated range does not constitute permission to conduct training on the proposed range.

MSF reserves the right to ask RERP Sponsors for written authorization from the property owner for use of the land at each training location.

Definitions:

Standard Range: a full size range (120' x 220') completely free of any obstacles/potential obstacles* or problematic surface conditions** within the riding and runoff area.

Alternate Range: a range layout currently posted in the MSF RETSORG library. Alternate ranges are less than full size and must be completely free of any obstacles/potential obstacles* and/or problematic surface conditions** within the riding and runoff area.

Modified Range: 1) a "custom," sponsor-designed range that does not exactly match standard or alternate range sizes and layouts or, 2) any range with obstacles/potential obstacles* and/or problematic surface conditions** within the riding and runoff area.

***Obstacles/Potential Obstacles** (include, but are not limited to):

• Curbs • Light Poles • Buildings • Islands • Trees • Walls or Fences • Speed Bumps • Drop-Offs

****Problematic Surface Conditions** (include, but are not limited to):

• Drains or Grates • Potholes • Rough Surfaces • Cracks in Surface

ALL RANGES MUST HAVE A MINIMUM OF 20 FEET OF PAVED RUNOFF

REQUIREMENTS WHEN SUBMITTING PROPOSED MODIFIED RANGE DIAGRAMS:

Requirement 1.

Contact an experienced, actively certified MSF RiderCoach or RiderCoach Trainer or your state coordinator for assistance with your proposed range.

Requirement 2.

Draw the range layout and path of travel for exercises 2 through 17 (one diagram per exercise per page). Note the range scale on each page and label all dimensions in all directions. Simple ¼" ruled graph paper with a ¼" = 10 feet scale is recommended. The same scale must be used for each exercise. Computer-generated diagrams are acceptable as long as all other diagram requirements are met.

Requirement 3.

Identify all obstacles/potential obstacles*, and problematic surface conditions** within the riding area as well as in the 20' of paved runoff. A minimum 20' of separation must be maintained between all paths of travel and obstacles. Obstacles should not inhibit the line of sight between RiderCoach and participant.

Requirement 4.

For each and every exercise (one per page), illustrate the student's path of travel and indicate the distance between the path of travel and any obstacle (at the closest point where the student passes by that obstacle).

OR –

Alternate Range diagrams from RETSORG with appropriate dimensions may be used for Modified Range submissions. The obstacles/potential obstacles* or problematic surface conditions** must be depicted on the diagram for each exercise. The student's adjusted path of travel with at least 20 feet of separation from any obstacles must be depicted for each exercise. For problematic surface conditions, the path of travel may be closer than 20 feet but it is not recommended that a path of travel cross over the area.

GUIDELINES FOR RANGE PHOTOGRAPHS

V.04.27.10

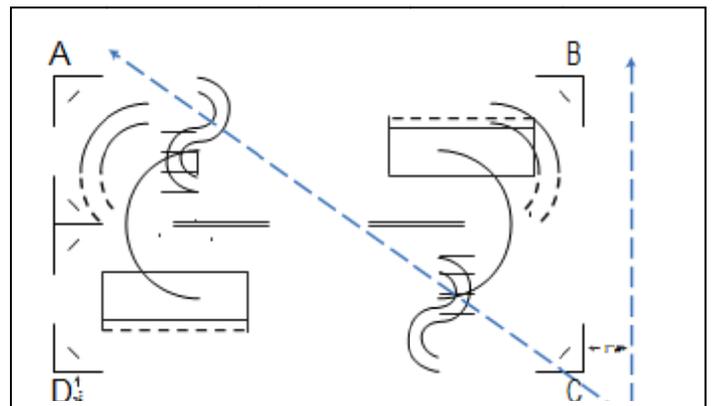
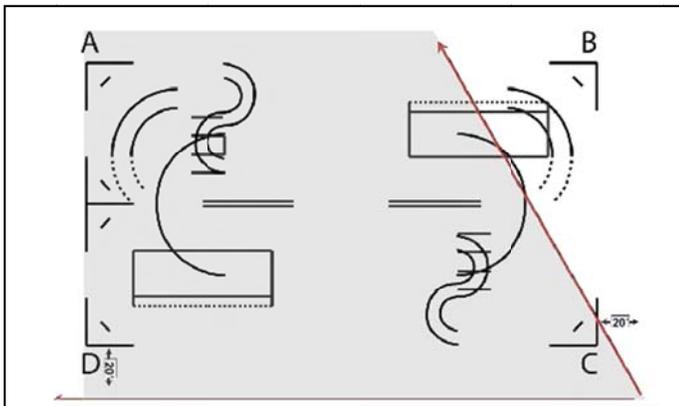
The purpose of the range photos is to provide MSF with a 360-degree view of the entire range (including the middle) and the 20' run-off area, including the overall surface condition. Since it is possible that your range design may not be accepted as submitted, it is strongly suggested that you DO NOT paint your range until it has been formally recognized by MSF.

Requirements:

- Digital photographs only
- A minimum of 8 color photos is required
- File size limits are 10 meg per email
- Satellite and aerial photos are not acceptable as replacements for ground level photo
- A minimum of 8 color photos is required

Instructions:

- 1.) Before taking photos, place a **visible** marker (i.e.: large traffic cones) at each corner of the range area.
- 2.) Take two photos from each corner: See the diagram below and attached pictures for reference.
 - **Photo 1: Long-side View:** Includes 3 corners of the range: the corner nearest the photographer and the two farthest corners (area within the red lines below).
 - **Photo 2: Short-side View:** Includes 2 corners: the corner nearest the photographer and the next closest corner (area within the blue dashed lines below).
 - **Tip:** Photographer should stand approximately 20 ft back from each corner.
- 3.) Use descriptive file names for your photos (e.g., C-longside.jpg).
- 4.) Include photographs of any surface conditions (e.g., drain or manhole cover) located on the range or in the run-off area.
- 5.) E-mail photos to rep@msf-usa.org and let MSF know by telephone or in a separate email that you have sent the photos. *Note: file size limits are 10 meg per email.*





Long side view - three markers visible



Short side view – two markers visible



Motorcycle Ohio Request to Purchase Form

Name of Agency:

Grant #:

Educational and/or promotional (including incentives) items being requested must meet the following guidelines:

1. Item(s) requested must be motorcycle awareness related.
2. Item(s) requested must contribute to meeting the objectives of the grant.
3. Request form and approval is required on all purchases.
4. All public service announcements funded with federal funds, in whole or in part, must be closed captioned for the hearing impaired.
5. A final draft of all promotional materials must be submitted to the MO for approval prior to production.
6. **All printed materials are to include federal sponsorship credit and / or disclaimer clauses as directed by Motorcycle Ohio. The credit line shall state: Funded by U.S. DOT / NHTSA and ODPS / OTSO w / ODPS logo.**

What goal and scope of work in your grant does this request address?		
Item(s) Requested		
Justification for need of item(s)		
Total number to be produced or purchased:		
Total cost:		
Is item(s) in budget? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Revision needed (itemize what category funds are being removed from)		
<input type="checkbox"/> Supporting documentation must be attached (draft for printing, cost estimate from vendor, etc.)		
Name:	Date submitted:	FAX #

DO NOT PURCHASE UNTIL APPROVAL IS RECEIVED FROM MO

MO Use Only

REVIEWED BY	DATE REVIEWED
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED WITH MODIFICATIONS	
NEEDED MODIFICATIONS	
IF DISAPPROVED, STATE REASON	



Required Personnel

List the name of the person(s) who is responsible for the following assigned personnel.

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

	Name	Phone number	Email address
Name of the Authorizing Official			
Name of the Project Director			
Name of the Fiscal Officer			



Motorcycle Training Grant Invoicing Periods

Attachment H

Start Date	End Date	Due Date
7/1/2014	7/31/2014	8/31/2014
8/1/2014	8/31/2014	9/30/2014
9/1/2014	9/30/2014	10/31/2014
10/1/2014	10/31/2014	11/30/2014
11/1/2014	11/30/2014	12/31/2014
3/1/2015	3/31/2015	4/30/2015
4/1/2015	4/30/2015	5/31/2015
5/1/2015	5/31/2015	6/30/2015
6/1/2015	6/30/2015	7/31/2015

**Motorcycle Grant Email:
motorcyclegrant@dps.state.oh.us**



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (MUST BE COMPLETED)												
<input type="checkbox"/> NEW <u>(W-9 OR W-9ECI FORM ATTACHED)</u> <input type="checkbox"/> CHANGE OF CONTACT PERSON/INFORMATON												
<input type="checkbox"/> ADDITIONAL ADDRESS – <u>(A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)</u>												
<input type="checkbox"/> CHANGE OF ADDRESS – <u>(PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)</u>												
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> ADDRESS TO BE REPLACED: </div>												
<input type="checkbox"/> CHANGE OF TIN <u>(W-9 & A CHANGE OF TIN FORM OR A LETTER OF EXPLANATION FOR THIS CHANGE, WHICH MUST INCLUDE THE NEW & OLD TIN)</u>												
<input type="checkbox"/> CHANGE OF NAME <u>(W-9 & A CHANGE OF NAME FORM OR A LETTER OF EXPLANATION FOR THIS CHANGE, WHICH MUST INCLUDE THE NEW & OLD NAME)</u>												
<input type="checkbox"/> CHANGE OF PAY TERMS <input type="checkbox"/> CHANGE OF PO DISPATCH METHOD <input type="checkbox"/> OTHER _____												
SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION (MUST BE COMPLETED)												
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-9ECI FORM)												
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)												
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):												
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
SECTION 3 – REMIT TO ADDRESS REQUIRED (MUST BE COMPLETED)												
ADDRESS:	COUNTY:											
ADDRESS (CONT.):												
CITY:	STATE:	ZIP CODE:										
SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)												
ADDRESS:	COUNTY:											
ADDRESS (CONT.):												
CITY:	STATE:	ZIP CODE:										

DIRECTIONS:

Step 1: Please provide your "Personal Information."

Step 2: Please fill out the fields in the "Public Employment Information" section, as follows:

Name of Public Employer: Ohio Department of Public Safety (ODPS)

Employer Contact: Mark A. Contosta

Employer Code: 1450-08

Employer Contact Phone Number: (614) 752-7876

Service Provided to Public Employer: Please provide a brief narrative of what service(s) you are providing to the ODPS.

Start Date of Service: Please look at your contract and find the signature page. List the start date of the contract as the date the ODPS Director signed the contract.

End Date of Service: On your contract, look on page 1 and locate clause number 1 "**TERM**". It should read: "This Agreement is to be effective from receipt of a purchase order through **June 30, 2013**." Record **06/30/2013** on the OPERS form.

Step 3: Acknowledgment

Please sign and date this form and return via US Mail or email to the contact listed above.



INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0865
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year

End Date of Service

Month Day Year

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
 City, state, and ZIP code
 List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.