



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS UNITED STATES AIR FORCE ACADEMY

USAF ACADEMY, COLORADO

1 Mar 04

MEMORANDUM FOR COMMANDERS AND MOTORCYCLE OPERATORS

FROM: HQ USAFA/SE

SUBJECT: Motorcycle Safety Training Policy

1. The Motorcycle Safety Foundation (MSF) is an organization endorsed and recognized by the Department of Defense to assist each military branch in providing motorcycle safety courses. These courses are required for all military members who operate a motorcycle on or off a military installation, regardless of duty status. DoD civilians are also required to complete this course if they operate a motorcycle while on duty.
2. HQ USAFA/SE is responsible for coordinating and funding motorcycle safety courses for our personnel through our local MSF offices. Some individuals in the past have gone to local MSF offices for training without prior coordination with HQ USAFA/SE which caused funding shortfalls for the program.
3. Unit commanders/AOCs must counsel their members and approve each request for motorcycle safety training. Priority will go to military members who own and operate a motorcycle, and DoD civilians who operate a motorcycle while on duty. Cadets who wish to attend this training must meet the requirements outlined above and the requirements set forth in AFCWI 31-201. Only Cadets First-Class are eligible for training, be in their final semester and must have AOC approval. They must also have immediate plans to purchase a motorcycle prior to reporting to their first duty assignment/training program.
4. Attached are the procedures needed to attend the motorcycle course. All personnel must coordinate with HQ USAFA/SE prior to scheduling the course. Reimbursement will only be authorized to individuals with commander approval and prior coordination through HQ USAFA/SE. No-shows are responsible for full payment of the course. If there are any questions, please contact HQ USAFA/SE at 333-3205.

//Signed//

H. E. WATERS, JR., Lt Col, USAF
Director, USAFA Safety

Attachments:

1. Motorcycle Safety Course Instructions
2. Commander's Interview Form

Motorcycle Safety Course Instructions

1. You and your commander must sign the document below if it's been determined that you have a legitimate and immediate need for motorcycle safety training. Bring the completed documentation to HQ USAFA/SE or fax the completed documents to 333-3206 two weeks prior to the desired scheduled class date.
2. Upon approval from HQ USAFA/SE, you need to register and schedule your training with an approved Motorcycle Safety Foundation course provider identified by HQ USAFA/SE. For more information visit us at <http://www.usafa.af.mil/se/> for links to MSF locations.
3. Inform HQ USAFA/SE that you have registered so we can make the necessary payment.
4. Upon completion of this course, you will provide a photo copy of your MSF certification card to HQ USAFA/SE.

Commander Certification & Trainee Agreement

I have counseled the below individual under my command on the hazards of operating a motorcycle. I have also determined that there is an immediate need for this training per HQ USAFA/SE guidance.

COMMANDER (PRINT NAME)

COMMANDER'S SIGNATURE DATE

I, _____, will attend a scheduled motorcycle safety course held by
(TRAINEE PRINT NAME)
A.B.A.T.E. of Colorado or Rider Training Enterprises. I understand that if I can not attend and fail to cancel (no-show) the course, I am responsible for payment of the course in full. Payment may be withheld from my military/government pay or may be recovered by such other methods as are approved by law.

TRAINEE SIGNATURE GRADE/RANK DATE

UNIT ASSIGNED

SCHOOL PROVIDING TRAINING AND LOCATION

TRAINING DATE

HQ USAFA/SE APPROVAL _____

FAX THIS PAGE TO SE AT 333-3206

COMMANDER'S MOTORCYCLE SAFETY INTERVIEW

PRIVACY ACT STATEMENT

AUTHORITY: AFI 91-207

PURPOSE: To gather data and background information for use in managing the unit motorcycle safety program.

ROUTINE USES: None

DISCLOSURE: Voluntary. Non-disclosure of the requested information will not adversely affect the member.

This questionnaire was developed for the commander's use in their risk management program. It allows them to obtain information on assigned personnel to determine if they may be susceptible to a motorcycle accident. The intent is to identify potential problems that could lead to injury or death of the motorcycle rider. NOTE: These questions need to be asked of all individuals who ride a motorcycle even if the motorcycle is not registered on base.

| | | | | |
|--|--|--|---|--|
| Name | | Age | Sex | Rank/Grade |
| Organization | | Office Symbol | | Duty Telephone No |
| 1. Do you currently own or operate a motorcycle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. Have you previously ridden a motorcycle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3. How long have you ridden a motorcycle? <input type="checkbox"/> Less than a year <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 3 – 4 yrs <input type="checkbox"/> 5 – 6 yrs <input type="checkbox"/> over 6 yrs | | | | |
| 4a. Year and Make (Kawasaki, Honda, BMW, Suzuki, etc.) | 4b. Model (Gold Wing, Ninja, Sportster, etc.) | 4c. Engine Size (350, 750, etc.) | 4d. Type <input type="checkbox"/> Street <input type="checkbox"/> Off-Road | |
| 5. How long have you owned your current motorcycle? <input type="checkbox"/> Less than a year <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 3 – 4 yrs <input type="checkbox"/> 5 – 6 yrs <input type="checkbox"/> over 6 yrs | | | | |
| 6. Is it registered on base? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Is it your primary means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. Have you completed a Motorcycle Safety Foundation (MSF) Course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | MSF Course Completed | | | Date Completed |
| | a. Experienced Rider Course (ERC) | | | |
| | b. Motorcycle Rider Course; Riding and Street Skills (MRC:RSS) | | | |
| 10. When weather permits, how often do you ride? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom | | | | |
| 11. How many traffic accidents/citations (on and off base) have you been involved/issued within the last three years? (If cited please state the nature of the citation below) <input type="checkbox"/> None <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 – 4 <input type="checkbox"/> 5 or more | | | | |
| 12. Were you determined to be at fault in the accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain below) | | | | |
| 13. Individual Signature | | | | |
| 14. Unit Motorcycle POC | | 15a. Typed Name and Title | | 16. Date |
| | | 15b. Commander's Signature | | |