



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

Registry of Motor Vehicles
Driver Licensing Department
PO Box 55889
Boston, MA 02205-5889



To Be Completed By Applicant *(Please Print Legibly):*

Name: _____ Daytime Phone #: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

License/Permit #: _____ Date of Birth: _____

Mailing Address *(if different):*

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Driving School Information:

School Name: _____ Phone #: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Course Completion Date: _____ MSF Card #: _____

The applicant must mail completed application to the address listed above within 90 days of the class graduation date, along with the following:

1. Copy of your Massachusetts Motorcycle Learner's Permit.
2. Copy of your Motorcycle Safety Foundation Completion Card.
3. Copy of your Basic Rider Course Skill Evaluation Score Sheet and Knowledge Test.
4. Check or Money Order for \$15.00 endorsement fee, made payable to MassDOT (if applicable). If your application is not approved, the \$15.00 application fee will be returned to you.

(Please note that copies of documents will not be returned)

If your application is approved, a new Massachusetts Driver's License with your motorcycle endorsement will be mailed to you within 10-15 days of receipt of this application.

For RMV Use Only

Date Issued: _____ Issued By: _____