Motorcycle Safety Academy

Physical Condition and Driving Instructor History Certification Form

Section 1: Instructor Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Driver's License Number: _____

State of Issuance: _____

Section 2: Physical Condition Certification

I hereby certify that I am in good physical condition and capable of performing the responsibilities and duties required of a certified driving or motorcycle safety instructor, which may include, but is not limited to:

- Standing for extended periods of time

- Walking and moving in outdoor environments

- Operating and demonstrating safe driving or riding techniques

- Communicating instructions clearly in both classroom and practical settings

[☐] I confirm that I meet the physical requirements described above.

Section 3: Driving Instructor History Certification

I further certify the following:

- I have NOT had my instructor certification suspended or revoked in the State of Maryland OR in any other U.S. state or territory.

- I have NOT been subject to any disciplinary actions that would affect my eligibility to serve as a driver or motorcycle safety instructor.

[☐] I confirm that my instructor certification has never been suspended or revoked in any state.

Section 4: Signature and Acknowledgment

By signing below, I affirm that the information provided on this form is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the instructor certification process.

Signature: _____

Date: _____