

2015 JBER Motorcycle Training Request Memo

MEMORANDUM FOR Joint Base Elmendorf-Richardson Ground Safety Office Date:

SUBJECT: Request for Motorcycle Safety Training

1. This is to certify the individual indicated below is assigned to or employed at Joint Base Elmendorf-Richardson (JBER) and eligible to complete Motorcycle Safety Foundation (MSF) Training arranged through the JBER Safety Office. **Forms received that are not legible will not be accepted. No Exceptions.**

PRINT Name: _____ Rank: _____
(Last name, First name, Mi. (Must match Driver's License))

e-mail address: _____ Ph# to reach you: _____

Circle Branch of Service: Air Force, Army, Navy, Marines, Coast Guard:
Circle: Active, Guard or Reserve

List Unit Assigned (Bde/Bn/Co/ Sq): _____

Circle desired course: BRC-I / BRC-II

2. The above named individual understands that once registered for a specific class and date, it is the registered individual's responsibility to attend and successfully complete the course when scheduled. This course is considered mandatory training for motorcycle riders. **Failure to show or comply with rescheduling, cancelling procedures will be reported to unit leadership.**

Motorcycle Safety Rep /Unit Motorcycle Monitor Printed Name: _____

Signature: _____

Email: _____ / *Phone#:* _____

CDR or 1SG Printed Name: _____

Signature: _____

Email: _____ / *Phone#:* _____

Individual: Bring this completed memo to the **JBER Installation Safety Office, Bldg. 10441, Room 307.**

- * **Cancellation of training request requires a 7 day notification to the vendor.**
- * **Reschedule of training request requires a 7 day notification to the vendor.**
- * **No-Shows will not be authorized a second Approval Number without written Brigade/Group Commander Approval (O6 or above).**

For further questions, contact the JBER Safety Office at 552-5035 or 552-6850.

Installation Safety Staff Only Below This Line:

Staff Initials: _____ / **Approval #:** _____ / **Approval Date:** _____