

Minnesota Motorcycle Safety Advisory Committee
Application Form

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Occupation: _____

Do you have a valid license and motorcycle endorsement? Yes No

Do you currently ride a motorcycle? Yes No

How many years have you been a motorcyclist? _____

Have you ever taken a rider training class? Yes No

Do you belong to any motorcycle organizations or clubs?

What are the most important safety issues facing motorcyclists?

Why do you want to join, and what can you offer to the Committee?

What should the Committee's top priority be?

You are not required to answer the following questions. However, by doing so, you will help the Commissioner of the Minnesota Department of Public Safety ensure that the Committee is representative of Minnesota motorcyclists.

Age:

Gender: Male Female

Race/Ethnicity (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> White/non-Hispanic | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other racial or cultural minority |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Citizen of other country |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Disabled or physically challenged |

Region (select one only):

- | | |
|---|--|
| <input type="checkbox"/> Twin Cities Metro Area | <input type="checkbox"/> Bemidji Area |
| <input type="checkbox"/> Rochester Area | <input type="checkbox"/> Duluth Area |
| <input type="checkbox"/> Southeast Minnesota | <input type="checkbox"/> North Central Minnesota |
| <input type="checkbox"/> Mankato Area | <input type="checkbox"/> Northeast Minnesota |
| <input type="checkbox"/> Southwest Minnesota | <input type="checkbox"/> Brainerd Area |
| <input type="checkbox"/> West Central Minnesota | <input type="checkbox"/> St. Cloud Area |
| <input type="checkbox"/> Northwest Minnesota | <input type="checkbox"/> Central Minnesota |

I, the undersigned, am aware that the Minnesota Motorcycle Safety Advisory Committee is made up of unpaid members who meet every other month to provide motorcyclists' perspectives on how to improve motorcycle safety in Minnesota, and make recommendations to the Commissioner of the Department of Public Safety on training, public information and education, and licensing issues involving motorcyclists. If appointed, I agree to make a commitment to attend all committee meetings.

The duration of this advisory appointment is four years.

Signature: _____ Date: _____

Please mail or fax your completed application to Pat Hahn, Minnesota Department of Public Safety, Office of Communications, 444 Cedar Street, Suite 155, St. Paul, MN 55101. FAX 651-215-1111.

Applications will be accepted until May 16, 2007. Appointed Committee members will be contacted by August 2 for an orientation meeting on August 16, 2007. The first official meeting will be September 20, 2007. Questions can be directed to Pat Hahn at 651-201-7566.