

Department of Motor Vehicles
 Agency of Transportation

Name: Last		First		Middle	
Mailing Address (Street, Road or PO Box):			City:	State:	Zip:
Physical Address:			City:	State:	Zip:
Vermont Driver's License #:	Date of Birth:	Daytime Phone Number:		Evening Phone Number:	
Email Address:					

 Check if the above is a change to: Mailing Address Physical Address

Course Selection – Check type of course you are registering to attend and fill in course number(s) and date(s).			
<input type="checkbox"/> Motorcycle/Scooter Basic Rider Course - \$195	<input type="checkbox"/> 3 Wheel Basic Rider Course - \$195		
<input type="checkbox"/> Intermediate Rider Course, License Waiver ¹ - \$115	<input type="checkbox"/> Experienced Rider Skills Plus Course - \$80		

Preferred Course Number: _____	Date: _____
1 st Alternate Course Number: _____	Date: _____
2 nd Alternate Course Number: _____	Date: _____

 Check here and explain below if you have a hearing, reading, or other type of disability, or you are taking any medication that might affect your participation in this program. Providing this information will **NOT** prevent you from taking a course but allows us sufficient time to accommodate your needs.

In the absence of extenuating circumstances, the fee for the Vermont Rider Education Program's courses is non-refundable.

Signature (required): _____ Date: _____

Signature of parent or legal guardian if under 18: _____ Relationship: _____

A confirmation notice will be mailed or emailed to you verifying your course enrollment.

Applicants for all VREP courses must hold a valid Vermont Driver's License and present photo ID on the first day of the course.

Mail Completed Registration Form and Payment (check payable to Vermont DMV) to:

 Vermont Rider Education Program - Course Registration
 120 State Street
 Montpelier, VT 05603-0001

FOR VREP USE ONLY

Payment Received

 Cash Check #: _____ MO #: _____ Registered Course #: _____

¹ Applicants for an Intermediate RiderCourse must have completed a BRC and passed the BRC knowledge test during the last 12 months.