



PO Box 1838  
Victorville, CA 92393  
800-943-5638  
760-247-7075  
760-220-5045  
801-760-8261 fax

[www.totalcontroltraining.net](http://www.totalcontroltraining.net)

### Total Control Instructor Applicant Application

Thank you for your interest in becoming a Total Control Instructor. Please complete your application entirely and accurately. Once completed ensure the Site Administrator has reviewed it and mail the original copy to Total Control Training.

#### PERSONAL

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### MILITARY (Active Duty)

Air Force \_\_\_\_ Army \_\_\_\_ Marines \_\_\_\_ Navy \_\_\_\_ Coast Guard \_\_\_\_ National Guard \_\_\_\_

Rank \_\_\_\_\_

Reserves \_\_\_\_\_ (Branch) Commercial Number: \_\_\_\_\_ Ext: \_\_\_\_\_

#### EDUCATION

High School or GED Yes \_\_\_\_ No \_\_\_\_ College/University Degree Yes \_\_\_\_ No \_\_\_\_

If yes, degree \_\_\_\_\_

Other educational institutions you attended or specialized training. Include certificates or advance degrees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### MOTORCYCLE EXPERIENCE

Motorcycle License # \_\_\_\_\_ State \_\_\_\_\_ Driving Record Attached Yes \_\_\_\_ No \_\_\_\_

Have you had your motorcycle license suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If Yes, Explain \_\_\_\_\_

How many years have you had a motorcycle license? \_\_\_\_\_

Do you currently ride a motorcycle? Yes \_\_\_ No \_\_\_

What types of motorcycles do you own? (check all apply)

Cruiser \_\_\_ Dirt \_\_\_ Dual Sport \_\_\_ Sport \_\_\_ Sport Touring \_\_\_ Standard \_\_\_ Touring \_\_\_

How long have you been a motorcyclist? \_\_\_\_\_

Do you have any computer experience in Powerpoint? Yes \_\_\_ No \_\_\_

What motorcycle courses have you taken?

Total Control ARC Level 1 \_\_\_ If so, when? \_\_\_\_\_

Total Control ARC Level 2 \_\_\_ If so, when? \_\_\_\_\_

Total Control IRC \_\_\_ If so, when? \_\_\_\_\_

American Supercamp \_\_\_ If so, when? \_\_\_\_\_

AMOS (Keith Code's Marines) \_\_\_ If so, when? \_\_\_\_\_

California Superbike School \_\_\_ If so, when? \_\_\_\_\_

Level: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ (check all that apply)

CLASS (Reg Pridmore) \_\_\_ If so, when? \_\_\_\_\_

Freddie Spencer's HPRS \_\_\_ If so, when? \_\_\_\_\_

Jerry Palladino "Ride Like a Pro" \_\_\_ If so, when? \_\_\_\_\_

Kevin Schwantz's School \_\_\_ If so, when? \_\_\_\_\_

MSF BRC \_\_\_ If so, when? \_\_\_\_\_

MSF ERC \_\_\_ If so, when? \_\_\_\_\_

MSF MSRC \_\_\_ If so, when? \_\_\_\_\_

STAR (Jason Pridmore) \_\_\_ If so, when? \_\_\_\_\_

Other: (please list) \_\_\_\_\_

### INSTRUCTOR INTEREST

Describe why do you want to become a Total Control Instructor?

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Describe any other teaching experience

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What part of the class and/or book inspired you to be interested in becoming an instructor?

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Do you have previous public speaking experience? If so, explain

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Do you have any track or racing experience? If so, explain

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### CHARACTER

Have you ever been convicted of, pled guilty, or pled nolo contendere to any criminal, offense, or serious misdemeanor other than a minor traffic violation in any state, the United States, or a foreign country?

Yes \_\_\_ No \_\_\_

Have you been convicted of (including a plea of guilty or no contest) driving under the influence?

Yes \_\_\_ No \_\_\_

Are you now undergoing, or have you undergone treatment during the last five (5) years for the use of drugs, narcotics or excessive alcohol use? Yes \_\_\_ No \_\_\_

Do you have any medical conditions that requires accommodation or that would otherwise impair your ability to safety perform as an Instructor? Yes \_\_\_ No \_\_\_

Do you require a work visa? Yes \_\_\_ No \_\_\_

If you answer yes to any of the above, please state the facts fully:

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### REFERENCES

Please list 3 personal references who are not family members.

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

**SPONSORSHIP**

Are you being sponsored for this course? Yes \_\_\_ No\_\_\_ If yes, by whom?

Site Administrator: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Location: \_\_\_\_\_

What assistance will your sponsor provide? \_\_\_\_\_

What obligations are you subjected to for this sponsorship? \_\_\_\_\_

Where will you teach rider training after graduation? \_\_\_\_\_

**STATEMENT AND ACKNOWLEDGEMENTS**

Please read this section carefully and ask any questions *before* you sign.

I certify that I am the applicant for Total Control Instructor Training. I have carefully read the questions have read the questions in foregoing application and have answered them truthfully, fully and completely. I certify under penalty of perjury under the laws of the State of California that the foregoing is truth and correct. I understand and agree that all such information is material to my prospective acceptance. I have withheld nothing that would, if disclosed, affect this application unfavorably. I acknowledge that this application will be active for 60 days, after which time, I must reapply for further consideration. I understand and agree that falsification of any information provided herein, or the omission of any relevant information, will result in immediate revocation of my TC Instructor Certification.

**I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT**

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_  
(City and State) day month year

Signature of Applicant \_\_\_\_\_

Witness: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Send your completed application along with the site administrator recommendation and driving record to:

Total Control Training  
Attention: Instructor Applications  
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### Total Control Instructor Site Administrator Recommendation

If additional space is needed, please attach paper.

Applicant's Name: \_\_\_\_\_

Site Location: \_\_\_\_\_

Site Administrator completing form: \_\_\_\_\_

**Completion Dates:**

TCARC Level 1: \_\_\_\_\_ TCARC Level 2: \_\_\_\_\_

How long and in what context have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel this applicant is a suitable instructor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's strengths

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's weaknesses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any communication impairments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant shadowed in any classroom or range exercises?

\_\_\_\_\_  
\_\_\_\_\_