



# Motorcycle Safety Training Subsidy Funding Application

The Washington Motorcycle Safety Program (WMSP) awards subsidy funding to motorcycle safety training schools to provide training at a reduced rate. The subsidized training is provided to Washington residents at a cost not to exceed \$50 for those under the age of 18 and \$125 for those 18 years or older and military personnel of any age stationed in Washington State.

You can find additional information about subsidy funding and application and award requirements in the Subsidy Funding Policies and Procedures located at [www.dol.wa.gov](http://www.dol.wa.gov).

### To apply for subsidy funding

1. Complete this application and attach additional pages as necessary to include all requested information. We will evaluate funding proposals based on the information you submit.

2. Mail the application and any required documents to:

**Motorcycle Safety Program**  
**Department of Licensing**  
**PO Box 9030**  
**Olympia WA 98507-9030**

or scan and email to: [motorcycle@dol.wa.gov](mailto:motorcycle@dol.wa.gov)

### Business information

Name of business		
Administrative office address (Address, City, State, ZIP code)		
Owner name	(Area code) Telephone number	Email
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		

### Funding information

Subsidy funding is distributed and awarded within each of the seven regions of the state. WMSP may split the regional funding and award it to multiple training schools within a region. Training schools awarded funding may use the funding at multiple training sites within the region, but the funding may only be spent within the region it is awarded.

**You must submit a separate application and business plan for each region where you are applying for funding.**

Select the region where you are applying for funding

West Region (Clallam, Jefferson, Kitsap, Mason, Grays Harbor, Pacific, and Wahkiakum Counties)

Northwest Region (San Juan, Whatcom, Skagit, Island, and Snohomish Counties)

West Central Region (King and Pierce Counties)

Southwest Region (Thurston, Lewis, Cowlitz, Clark, and Skamania Counties)

Central Region (Okanogan, Chelan, Douglas, Kittitas, Yakima, and Klickitat Counties)

Northeast Region (Ferry, Stevens, Pend Oreille, Lincoln, and Spokane Counties)

Southeast Region (Grant, Adams, Whitman, Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin Counties)

Total amount of funding requested: \$ \_\_\_\_\_

Type of courses taught	Level of courses taught	Subsidy reimbursement rates by course	Number of subsidized students expected to teach	Number of unsubsidized students expected to teach
2-wheel <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Novice, 18 years or older	\$135		
	<input type="checkbox"/> Novice, under 18 years of age	\$210		
	<input type="checkbox"/> Intermediate, 18 years or older	\$ 70		
	<input type="checkbox"/> Intermediate, under 18 years of age	\$145		
	<input type="checkbox"/> Advanced, 18 years or older	\$ 67		
	<input type="checkbox"/> Advanced, under 18 years of age	\$142		
3-wheel <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Novice, 18 years or older	\$195		
	<input type="checkbox"/> Novice, under 18 years of age	\$270		
	<input type="checkbox"/> Advanced, 18 years or older	\$ 95		
	<input type="checkbox"/> Advanced, under 18 years of age	\$170		

RCW 48.81A.020

**For Department Use Only**

Date received \_\_\_\_\_  Application  Business plan

## Business plan

Answer the following

1. As a motorcycle training school and a Target Zero partner, what will you do to promote motorcycle safety and meet the Program's goals of increasing motorcycle safety and decreasing fatalities and serious injury collisions?
2. What will you do to advertise your business to meet the training goals you have set for the next two years?
3. If applicable, did you meet the training goals you set last year? If not, why? And, what are you doing to ensure this does not happen again this year?
4. What did you do during the last year to promote motorcycle safety and decrease fatalities and serious injury collisions?
5. Provide a copy of your proposed subsidized training schedule for the next two years for all the sites you will be providing subsidized training at. Include number of courses per month, per range, by course type, and course level.
6. Provide a list of all your instructors that will be providing subsidized training for your training school.

**Training site information** – Include information for each training site where you propose to provide subsidized training. Make copies of this page for additional sites.

<b>1</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
<b>2</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
<b>3</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
<b>4</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
<b>5</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
<b>6</b> Range site physical address ( <i>Address, City, State, ZIP Code</i> )		
What type of training will be offered at this site <input type="checkbox"/> 2-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	How many subsidized students will you train at this site
What type of training will be offered at this site <input type="checkbox"/> 3-Wheel <input type="checkbox"/> N/A	What level of subsidized training will be offered at this site <input type="checkbox"/> Novice <input type="checkbox"/> Advanced	How many subsidized students will you train at this site

**I understand that if awarded subsidy funding, I will be required to abide by all the requirements and procedures as outlined in my Motorcycle Training and Testing Contract, Attachment B, Subsidy Funding and the Subsidy Funding Policies and Procedures. Any misrepresentation or concealed material facts will be sufficient cause for denial or rescission of subsidy funding.**

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Applicant signature