



Date Received: _____
Approved (circle one): Y N
Letter Sent: _____
Approved by: _____

APPLICATION FOR MOTORCYCLE ROAD GUARD CERTIFICATE

A motorcycle road guard certificate is issued under Minnesota Statutes, [section 171.60](#) and Minnesota Rules, [chapter 7422](#).

Last Name		First Name		Middle Name		Birth Date (M/D/YYYY)	
Permanent Street Address				City		State	
Email Address				Home Telephone Number			
Driver's License Number <i>(attach certified driving record if out of state resident or not licensed in Minnesota the past 5 years)</i>				Social Security Number <i>(Required Minn. Stat. 270C.72)</i>			

An applicant for a motorcycle road guard shall not have:

- a. more than two petty misdemeanor convictions for any moving violation under Minnesota Statutes, [chapter 169](#), or an equivalent violation from another state, for 24 months preceding the date of application;
- b. any qualified prior impaired driving incident, or an equivalent violation from another state, for five years preceding the date of application;
- c. any conviction under Minnesota Statutes, [section 169.13](#), or an equivalent violation from another state, for five years preceding the date of application; and
- d. any conviction under Minnesota Statutes, [section 609.21](#), or an equivalent violation from another state.

To be Completed and Signed

<p>Applicant: I certify that the information contained in this statement is true, accurate, and complete, and that I meet the motorcycle road guard certification qualifications in Minnesota Statutes, section 171.60 and Minnesota Rules, chapter 7422.</p> <p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>Important facts about information on this application in compliance with M.S. 13.04, subd. 2: This application for a motorcycle road guard certificate is to help determine eligibility. Information other than your name and address requested on the application is private; that is, it may be released only to you or with your permission. It is necessary for you to complete the entire application; failure to do so will result in the disapproval of the application. The information contained herein may be shared with authorized persons in the Department of Public Safety and the Attorney General's Office of the state of Minnesota.</p> <p>If a certificate is issued, the privacy status of the information may change in compliance with Minnesota statutes. All information then becomes public with the exception of:</p> <ol style="list-style-type: none"> 1. Information about a complaint against an applicant if the complaint is unsubstantiated or investigation is inactive (M.S. 13.41, subd. 2). 2. Inactive investigative data relating to the violation of statutes or rules (M.S. 13.41, subd. 2).
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**Print the completed application and either mail it to:
Driver and Vehicle Services, 445 Minnesota Street, Suite 176, St. Paul, Minnesota 55101-5176 OR fax it to (651) 296-5316.**