



TROPIC LIGHTNING
Motorcycle Mentorship Program

Motorcycle Riders Packet



TROPIC LIGHTNING Motorcycle Mentorship Cover Sheet

Motorcycle

Off-Road Vehicle

CO/TRP: _____ POC: _____ PHONE: _____

___ Pre-BRC ___ Pre-ERC ___ Pre-MSRC ___ Quarterly ___ New Bike ___ Re-Training___

RANK, LAST, FIRST/ LAST FOUR: _____

	INITIAL	DATE	COMMENTS
Troop Mentor			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
TRP 1SG			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
TRP CDR			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SQDN MENTOR			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SXO			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
CSM			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SCO			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:

Additional Remarks:

Left Side:
 Mentor Checklist
 Rider Data Sheet
 Commanders Contract
 Statement of Understanding
 Initial Counseling

Right Side:
 PPE Statement of Understanding
 Certification Sheet
 Check Ride Check List
 T-Clocs Inspection



TROPIC LIGHTNING Mentor Checklist

TRP/CO: _____ Rank: _____ Name: _____

Motorcycle Rider

Off-Road Vehicle Rider

Motorcycle Rider:

Cruiser **Sport Bike** **Dual Sport**

- Initial Counseling Complete
- Commander's Contract Complete
- Signed 25th ID Motorcycle Policy Letter Statement of Understanding
- Signed PPE Statement of Understanding Consisting of:
 - Photo of Rider wearing all PPE with Motorcycle in background
 - Photo of Drivers License
 - Photo of License plate with EXPIRATION date visible
- Copy of BRC Certification Card
- Copy of ERC Certification Card
- Copy of MSRC Certification Card (if required)
- Copy of Registration
- Copy of Insurance Card
- Completed T-CLOCs Inspection
- Completed Check Ride Checklist
- Updated Riders Information on the Squadron Motorcycle Tracker

Off-Road Vehicle Rider:

Dirt Bike **ATV** **UTV**

- Initial Counseling Complete
- Commander's Contract Complete
- Signed 25th ID Motorcycle Safety Policy Letter Statement of Understanding
- Signed PPE Statement of Understanding Consisting of:
 - Photo of Rider Wearing all PPE with Off-road Vehicle in Background
 - Photo of Drivers License
- Off-Road Motorcycle and Three Wheeler Riders: Copy of BRC Certification Card (4-wheelers, side-by-sides, & dune buggies are exempt)
- ATV/UTV/ Rider: Complete ATV Safety Course
- Updated Riders Information on the Squadron Motorcycle Tracker

VIOLATIONS OF POLICY COULD RESULT IN THE FOLLOWING:

- A Line of Duty Investigation
- Potential UCMJ Action and Non-Judicial Punishment
- Bar to Re-Enlistment
- Loss of Motorcycle Riding Privileges
- Loss of Off-Post Privileges

I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SM SIGNATURE _____ DATE: _____



TROPIC LIGHTNING

Motorcycle Mentorship

Rider Data Sheet

TRP/CO: _____ **Platoon/Section:** _____

Operators Name: _____ **Rank:** _____ **Age:** _____

Make: _____ **Model:** _____ **Type:** _____

Drivers License# _____ **State:** _____ **Expiration:** _____

Vehicle Tag# _____ **State:** _____ **Expiration:** _____

Insurance Company: _____ **Policy#** _____

Insurance Expiration Date: _____

BRC Date: _____ **Certification#** _____

ERC Date: _____ **Certification#** _____

MSRC Date: _____ **Certification#** _____

Total Riding Experience: _____

Experience w/ current Bike: _____

Remarks:

TROPIC LIGHTNING Motorcycle Policy Statement of Understanding

I will not ride with any motorcycle operator who has not completed all required training and is not wearing all required PPE.

I will not operate any motorcycle with completing all required training and certifications.

If I am involved in a motorcycle accident, I will lose my motorcycle riding privileges during the course of an AAR and accident investigation. Pending the outcome of that investigation, three possible outcomes might occur:

No Fault = (All PPE is worn) Rapid reinstatement of riding privileges pending confirmation of compliance with 25TH ID policies. Reinstatement of privileges must be approved by the SCBN CO/BN CO.

All PPE is worn but Soldier is at Fault = Specified re-training that must be confirmed by the Squadron Motorcycle Mentor and approved by the SCBN CO/BN CO.

At Fault = (Not adhering to Standards) Indefinite suspension of motorcycle riding privileges.

Failure to comply with the guidelines of the 25TH ID Motorcycle Safety and Operating Policy could result in a “Line of Duty Investigation” that will determine a Soldier's and his/her dependents’ entitlement to pay and allowances, paid medical treatment, accrual of service and leave time as well as disability and death benefits. Failure to comply with the 25TH ID Motorcycle policy might be considered “misconduct” and “willful negligence” that could result in an investigating officer finding that injuries or death might be “not in the line of duty—due to own misconduct.”

Rider: _____

Date: _____

Spouse: _____

TRP/CO Mentor: _____

TRP/CO 1SG:

TRP/CO Commander: _____

Mentor: _____

Safety: _____



TROPIC LIGHTNING Motorcycle PPE Statement of Understanding

INSERT PHOTO OF
INDIVIDUAL
WEARING ALL
REQUIRED PPE
BESIDE THEIR
MOTORCYCLE.

INSERT COPY OF
DRIVERS LICENSE.

INSERT PICTURE
OF LICENSE
PLATE.

I do / do not have a motorcycle license

I understand that the above pictured personal protective equipment (PPE) is required to be worn anytime I operate my motorcycle, **BOTH** on and off post: bright colored vest with reflective properties, long sleeve shirt or jacket, durable pants, sturdy over the ankle boots or shoes, full finger leather gloves, impact resistant eye protection, and DOT approved helmet. I further recognize that this equipment is also required for any passenger that I have on my motorcycle.

VIOLATIONS OF POLICY COULD RESULT IN THE FOLLOWING:

- A Line of Duty Investigation**
- Potential UCMJ Action and Non-Judicial Punishment**
- Bar to Re-Enlistment**
- Loss of Motorcycle Riding Privileges**
- Loss of Off-Post Privileges**

Rider: _____

Date: _____

TRP/CO Mentor: _____

TRP/CO 1SG:

TRP/CO Commander: _____

Mentor: _____

Safety: _____



TROPIC LIGHTNING Motorcycle Certification

**Copy of Motorcycle
Registration**

**INSERT COPY OF
INSURANCE CARD**

**INSERT PICTURE
BRC
CERTIFICATION
CARD**

**INSERT PICTURE
ERC
CERTIFICATION
CARD**

**INSERT PICTURE
MSRC
CERTIFICATION
CARD**



TROPIC LIGHTNING

Check Ride Checklist

Post-BRC **Pre-ERC** **Pre-MSRC** **Quarterly**

Rank: _____ **Name:** _____ **Date:** _____

Make: _____ **Model:** _____ **Engine Size:** _____

Admin Check: Insurance/ MSF Card/ Registration/ Drivers License

Pre-ride Inspection: T-CLOCS **PASS/ FAIL**

PPE Inspection: **PASS/ FAIL**

TASK	NEEDS MAJOR IMPROVEMENT	NEEDS MINOR IMPROVEMENT	PASS	FAIL
ACCLERATION				
SHIFTING GEARS				
STOPPING				
CURVES				
CHANGING LANES				
AVOIDING OBSTACLES				
HAND/ARM SIGNALS				
TURN SIGNALS				
RIGHT HAND TURN				
LEFT HAND TURN				
CLUTCH/THROTTLE CONTROL				

Notes: _____

Mentor Final Grade: PASS/ FAIL **Mentor Signature:** _____



TROPIC LIGHTNING
Motorcycle Mentorship Program

Dirt Bike/ATV/UTV/MOPED Riders
Packet



TROPIC LIGHTNING Motorcycle Mentorship Cover Sheet

Motorcycle

Off-Road Vehicle

TRP/CO: _____ POC: _____ PHONE: _____

___ Pre-BRC ___ Pre-ERC ___ Pre-MSRC ___ Quarterly ___ New Bike ___ Re-Training___

RANK, LAST, FIRST/ LAST FOUR: _____

	INITIAL	DATE	COMMENTS
Trp/CO Mentor			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
TRP/CO 1SG			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
TRP/CO CDR			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SQDN/BN MENTOR			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SXO/BNXO			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
CSM			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:
SCO/BN CO			RECOMMEND APPROVAL: _____ DISAPPROVAL: _____ REMARKS:

Additional Remarks:

Blank area for additional remarks.



TROPIC LIGHTNING Checklist

Troop/CO: _____ Rank: _____ Name: _____

Motorcycle Rider

Off-Road Vehicle Rider

Motorcycle Rider:

Cruiser **Sport Bike** **Dual Sport**

- Initial Counseling Complete
- Commander's Contract Complete
- Signed Tropic Lightning Motorcycle Policy Letter Statement of Understanding
- Signed PPE Statement of Understanding Consisting of:
 - Photo of Rider wearing all PPE with Motorcycle in background
 - Photo of Drivers License
 - Photo of License plate with EXPIRATION date visible
- Copy of BRC Certification Card
- Copy of ERC Certification Card
- Copy of MSRC Certification Card (if required)
- Copy of Registration
- Copy of Insurance Card
- Completed T-CLOCs Inspection
- Completed Check Ride Checklist
- Updated Riders Information on the Squadron Motorcycle Tracker

Off-Road Vehicle Rider:

Dirt Bike **ATV** **UTV**

- Initial Counseling Complete
- Commander's Contract Complete
- Signed Tropic lightning Recreational Vehicle Safety Policy Letter Statement of Understanding
- Signed PPE Statement of Understanding Consisting of:
 - Photo of Rider Wearing all PPE with Off-road Vehicle in Background
 - Photo of Drivers License
- Off-Road Motorcycle, Three Wheeler Riders, and mopeds: Copy of BRC Certification Card (4-wheelers, side-by-sides, & dune buggies are exempt)
- ATV/UTV/ Rider: Complete ATV Safety Course
- Updated Riders Information on the Squadron Motorcycle Tracker

VIOLATIONS OF POLICY COULD RESULT IN THE FOLLOWING:

- A Line of Duty Investigation
- Potential UCMJ Action and Non-Judicial Punishment
- Bar to Re-Enlistment
- Loss of Motorcycle Riding Privileges
- Loss of Off-Post Privileges

I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SM SIGNATURE _____ DATE: _____



TROPIC LIGHTNING

Motorcycle Mentorship

Rider Data Sheet

Troop/CO: _____ **Platoon/Section:** _____

Operators Name: _____ **Rank:** _____ **Age:** _____

Make: _____ **Model:** _____ **Type:** _____

Drivers License# _____ **State:** _____ **Expiration:** _____

Vehicle Tag# _____ **State:** _____ **Expiration:** _____

Insurance Company: _____ **Policy#** _____

Insurance Expiration Date: _____

BRC Date: _____ **Certification#** _____

ERC Date: _____ **Certification#** _____

MSRC Date: _____ **Certification#** _____

Total Riding Experience: _____

Experience w/ current Bike: _____

Remarks:



TROPIC LIGHTNING Motorcycle Policy Statement of Understanding

I will not ride with any motorcycle operator who has not completed all required training and is not wearing all required PPE.

I will not operate any motorcycle with completing all required training and certifications.

If I am involved in a motorcycle accident, I will lose my motorcycle riding privileges during the course of an AAR and accident investigation. Pending the outcome of that investigation, three possible outcomes might occur:

No Fault = (All PPE is worn) Rapid reinstatement of riding privileges pending confirmation of compliance with 3d CR policies. Reinstatement of privileges must be approved by the RCO.

All PPE is worn but Soldier is at Fault = Specified re-training that must be confirmed by the Squadron Motorcycle Mentor and approved by the RCO.

At Fault = (Not adhering to Standards) Indefinite suspension of motorcycle riding privileges.

Failure to comply with the guidelines of the 3d CR Motorcycle Safety and Operating Policy could result in a "Line of Duty Investigation" that will determine a Soldier's and his/her dependents' entitlement to pay and allowances, paid medical treatment, accrual of service and leave time as well as disability and death benefits. Failure to comply with the 3d CR Motorcycle policy might be considered "misconduct" and "willful negligence" that could result in an investigating officer finding that injuries or death might be "not in the line of duty—due to own misconduct."

Rider: _____

Date: _____

Souse: _____

TRP Mentor: _____

TRP 1SG: _____

TRP Commander: _____

SQDN Mentor: _____

SQDN Safety: _____

L5: _____

L7: _____

L6: _____



TROPIC LIGHTNING Motorcycle PPE Statement of Understanding

INSERT PHOTO OF
INDIVIDUAL
WEARING ALL
REQUIRED PPE
BESIDE THEIR
MOTORCYCLE.

INSERT COPY OF
DRIVERS LICENSE.

I do / do not have a motorcycle license

I understand that the above pictured personal protective equipment (PPE) is required to be worn anytime I operate my motorcycle, **BOTH** on and off post: bright colored vest with reflective properties, long sleeve shirt or jacket, durable pants, sturdy over the ankle boots or shoes, full finger gloves, impact resistant eye protection, and DOT approved helmet. I further recognize that this equipment is also required for any passenger that I have on my motorcycle.

VIOLATIONS OF POLICY COULD RESULT IN THE FOLLOWING:

- A Line of Duty Investigation***
- Potential UCMJ Action and Non-Judicial Punishment***
- Bar to Re-Enlistment***
- Loss of Motorcycle Riding Privileges***
- Loss of Off-Post Privileges (move into barracks for at least a 72-hour period)***

Rider: _____

Date: _____

TRP Mentor: _____

TRP 1SG: _____

TRP Commander: _____

SQDN Mentor: _____

SQDN Safety: _____

L5: _____

L7: _____

L6: _____



TROPIC LIGHTNING Motorcycle Certification

**INSERT COPY OF
INSURANCE CARD
(IF APPLICABLE)**

**INSERT PICTURE
BRC
CERTIFICATION
CARD**

**INSERT PICTURE
OF ATV SAFETY
COURSE
CERTIFICATION**



TROPIC LIGHTNING
Motorcycle Mentorship Program

Non-Rider



TROPIC LIGHTNING Non-Rider PPE Statement of Understanding

INSERT COPY OF
DRIVERS LICENSE.
FOR INDIVIDUALS WHO
HAVE A MOTORCYCLE
ENDORSEMENT

I do / do not have a motorcycle license

I understand that if I am a passenger on a motorcycle I am required to wear all PPE as prescribed in the 25th ID Policy 11, **BOTH** on and off post: bright colored vest with reflective properties, long sleeve shirt or jacket, durable pants, sturdy over the ankle boots or shoes, full finger leather gloves, impact resistant eye protection, and DOT approved helmet. I further recognize that if I decided to purchase a motorcycle I must first meet with my Troop/CO mentor. I will not operate a motorcycle/Dirt Bike/ATV/Moped until all training has been completed and I have the approval of Chain Command.

VIOLATIONS OF POLICY COULD RESULT IN THE FOLLOWING:

- A Line of Duty Investigation**
- Potential UCMJ Action and Non-Judicial Punishment**
- Bar to Re-Enlistment**
- Loss of Motorcycle Riding Privileges**
- Loss of Off-Post Privileges (move into barracks for at least a 72-hour period)**

The Division Commander's specific guidance for the safe operation of motorcycles is addressed in his command policy letter. *All soldiers must acknowledge reading this command policy and sign the following statement:*

"I will comply with all directives enclosed within this command policy outlining the proper procedures for operating my motorcycle. Most importantly, I will not operate or ride on any motorcycle without proper PPE."

Rider: _____

Date: _____

TRP/CO Mentor: _____

TRP/CO 1SG: _____

TRP/CO Commander: _____