Motorcycle Riders Packet
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<td>DISAPPROVAL:_______</td>
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**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

Motorcycle Rider:
- 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:
- 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**

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<th><strong>TRP/CO:</strong></th>
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<th><strong>Remarks:</strong></th>
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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 $25^{\text{TH}}$ 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 $25^{\text{TH}}$ 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 $25^{\text{TH}}$ 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

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<td>CLUTCH/THROTTLE CONTROL</td>
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Notes:____________________________________________________________________
________________________________________________________________________
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Mentor Final Grade:  PASS/ FAIL  Mentor Signature:__________________________
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: ______________________________

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Additional Remarks:
# TROPIC LIGHTNING Checklist

**Motorcycle Rider:**
- 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:**
- 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:
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: ________________
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
Non-Rider
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: ______________