

# United States Department of the Interior

BUREAU OF LAND MANAGEMENT  
Montana State Office  
5001 Southgate Drive, P.O. Box 36800  
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<http://www.mt.blm.gov/>

In Reply To:

1112 (930.KV) P

August 15, 2003

EMAIL TRANSMISSION – 8/15/03  
Information Bulletin No. MT-2003-065

To: State Management Team  
From: Deputy State Director, Division of Support Services  
Subject: All Terrain Vehicle (ATV) Instructor Preparation Workshop DD: 08/27/03

The Bureau of Land Management requires that all operators of all-terrain vehicles (ATVs) be trained in safe operating procedures. Training is to be provided by a certified ATV Safety Institute instructor or equivalent.

Due to the scarcity of certified instructors in our region and the expense for contracted training, the State Office will sponsor an ATV Instructor Preparation Workshop October 7–10, 2003, at the Montana State Office in Billings. This train-the-trainer session is a 4-day course that teaches individuals evaluation and coaching techniques, presentation methods, and communication skills. It will include classroom and hands-on ATV instruction. The State Office will fund the tuition for this course; field offices will fund all other travel expenses.

Enrollment in this course is limited to eight individuals. One slot has been reserved for each field office. If a field office declines to send an individual to this training, they should inform Karilynn Volk so that their slot may be made available to field station personnel or other offices. Individuals nominated for this course must have prior ATV experience. Attendees will supply their own ATV and personal protective equipment (helmets, gloves, goggles, and boots) as well as long-sleeved shirt and pants.

Please have your nominee complete the attached application for enrollment in this ATV Instructor Preparation Course. Forms should be returned to Karilynn Volk (MT-930), by **August 27, 2003**. Contact Karilynn at 406-896-5190 if you have any questions.

Signed by: Diane M. Friez, Acting

Authenticated by: Aleta Zahorodny (MT-930)

1 Attachment

1-Application for Enrollment (4 pp)

Distribution w/attm.

Assistant Field Manager, Glasgow Field Station

Assistant Field Manager, Havre Field Station

Complete this Instructor application if you wish to be considered for enrollment in an ATV Instructor Preparation Course. A completed application must be accepted prior to enrollment.



## APPLICATION FOR LICENSING AND ENROLLMENT IN AN ATV INSTRUCTOR PREPARATION COURSE

Today's Date: \_\_\_\_\_

### A. BACKGROUND

#### 1. Personal Data (please print legibly)

Are you 18 years of age or older?

Name (Mr.) (Ms.) (Mrs.): \_\_\_\_\_  Yes  No

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

#### Shipping Address (Instructor materials will be delivered via courier, please provide a street address):

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you legally entitled or authorized to work in the United States of America?  Yes  No

#### 2. Occupational Data – For your current occupation:

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

Date Started: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

From the list below, please write one letter in the box that best describes your current employment:

- |                             |                        |                                      |                             |
|-----------------------------|------------------------|--------------------------------------|-----------------------------|
| <b>P</b> - Private Business | <b>MILITARY</b>        | <b>AGENCY (Federal/State)</b>        | <b>J</b> - Public Utilities |
| <b>D</b> - Dealership       | <b>F</b> - Air Force   | <b>U</b> - US Forest Service         | <b>L</b> - Law Enforcement  |
| <b>R</b> - Retired          | <b>A</b> - Army        | <b>H</b> - Soil Conservation Service | <b>X</b> - Other Agency     |
| <b>G</b> - Not Employed     | <b>C</b> - Coast Guard | <b>B</b> - Bureau of Land Management | _____                       |
| <b>O</b> -Other _____       | <b>N</b> - Navy        | <b>E</b> - Army Corp of Engineers    |                             |
|                             | <b>M</b> - Marine      | <b>S</b> - State Resource Agency     |                             |



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Please list other occupation(s) and employer(s) for the last five years. If you need additional space, please use the back of this application.

| Employer Name and Address | Supervisor Name and Phone | Date of Employment/ Reason for Leaving |
|---------------------------|---------------------------|--|
|                           |                           |  |

Military Status:  Active  Reserve  Retired  None Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Base/Installation: \_\_\_\_\_  
(City, State, Zip)

### 3. Educational Data

Formal Education (begin with high school)

| Institution/City/ State | Number of Years Attended | Graduated yes / no | Degree | Major Subjects |
|-------------------------|--------------------------|--------------------|--------|----------------|
|                         |                          | yes / no           |        |                |
|                         |                          | yes / no           |        |                |
|                         |                          | yes / no           |        |                |
|                         |                          | yes / no           |        |                |

Other Specialized Training Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, which one(s): \_\_\_\_\_

What model(s) of ATV(s) do you own? \_\_\_\_\_

How often do you ride? \_\_\_\_\_

Have you taken the ATV *RiderCourse*?  Yes  No

If yes, date and location: \_\_\_\_\_

### 4. Teaching Availability

Do you have access to land to conduct the ATV *RiderCourse*?  Yes  No

Will your employer or other considerations restrict your Instructor activities?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Will your employer restrict your Instructor activities to employee training only?  Yes  No

If no, how often are you available to teach the ATV *RiderCourse* (weather permitting)?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Current Club Membership(s).** Please list any ATV/Motorcycle/Snowmobile/4WD clubs to which you belong:

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**6. Character Data**

Have you ever had a license to operate a motor vehicle revoked or suspended for any reason?  Yes  No

Have you ever plead guilty or 'no contest' to, or been convicted of, a misdemeanor or felony?  Yes  No

If yes to either of the above, please state the facts and dates fully: \_\_\_\_\_

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Are you able to satisfactorily perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? (Please ask if you are uncertain as to the essential functions of this position.)  Yes  No

**7. Personal References** – List three (3) people have known for at least two (2) years whom we may contact.

| Name | Relationship | Home/Work Phone Numbers | Street Address/City, State, Zip |
|------|--------------|-------------------------|---------------------------------|
|      |              |                         |                                 |
|      |              |                         |                                 |
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**B. EXPERIENCE**

**ATV Experience:** \_\_\_\_\_

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