

"Because the more you know...the better it gets."



DELAWARE MOTORCYCLE PROGRAM
REGISTRATION OFFICE
PO Box 584
Claymont, DE 19703-0584

2001 Delaware Experienced Motorcycle Rider Courses

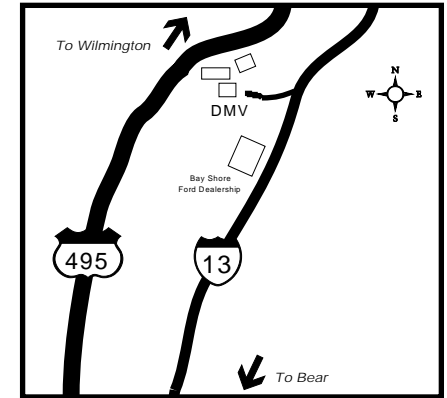


Sharpen your Skills.

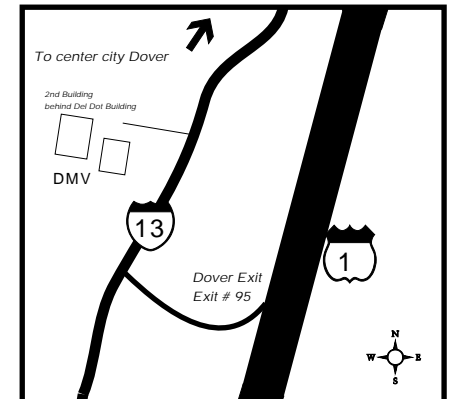
**Reduce your
insurance premium.**

Class Locations

Greater Wilmington DMV at Minquadale
2230 Hessler Blvd.
New Castle, DE 19720



Division of Motor Vehicle
303 Transportation Circle
Dover, DE 19903



The purpose of the Experienced Rider Course is to improve the safety of motorcyclists on Delaware's streets and highways.

In New Castle Call
326-5030

In Dover or Sussex Call
744-2658

Experienced Rider Course

You can get on the road to high performance through the Experienced Rider Course with the Delaware Rider Education Program.

The ERC is designed to teach the more experienced motorcyclist skills that will enable the rider to respond with precision and accuracy to unexpected road and traffic situations. The course consists of 4 hours of classroom instruction and 4.5 hours of hands on riding instruction under controlled range supervision.

Due to the demanding nature of the course, 10 hours are required to administer the program, with time being allotted for breaks and lunch.

Successful completion of the course allows a Delaware motorcyclist to reduce their liability insurance by as much as 10%, or if you have completed the novice course within the last three years, you receive an additional 5%.

Each ERC student must have a motorcycle endorsement to their basic auto license, provide their own motorcycle which is currently registered, inspected and insured. Student must present proof of insurance. A DOT approved three-quarter or full helmet, protective eye wear, leather full finger gloves, sturdy over the ankle foot wear (boots are best), long pants, long sleeve shirt or jacket, rain gear (if needed). And a lunch.

The ERC instructor will perform a pre-ride inspection checking the tires, controls, lights, oil levels, chassis and kick-stand of your motorcycle. Motorcycles with defects that could impair handling or control will not be permitted to complete the range portion of the class. The instructor's decision is final.

After the riding portion of the class begins, if a student's motorcycle is continually a problem and holds up the flow of exercises for the entire class, the student will be asked to discontinue the riding portion of the class.

Refund Policy

There must be 6 persons enrolled in a course for the class to be conducted. If course does not have sufficient enrollment you will be notified 72 hours prior to class starting. If this occurs, you would then have the choice of rescheduling another class. If it happens a second time, you may request a refund of your tuition.

You must successfully complete the entire class (including the written and on-cycle skills evaluation) to receive a completion card.

2001 ERC Experienced Rider Course Schedule

Sundays 7:45 AM to 6:00 PM

NEW CASTLE COURSE DATES

March 11 April 15 June 10
July 8 August 19
October 14

KENT COURSE DATES

April 1 May 20 June 3
September 16 October 28
November 11

How to Register

Complete the enrollment registration and mail it with your check or money order (No Cash) to the address on registration form. The course fee is \$35.00 for an in state resident. \$100.00 for out of state residents.

Classes are limited to 12 students and registration is on a paid, first come, first serve basis. Classes fill quickly, so send your registration and payment in promptly to reserve your place in class.

Complete all information clearly and completely. Please print. Indicate your first and second choice of classes.

You will receive a letter confirming your course assignment dates.

ERC REGISTRATION FORM

Check **MUST** be made payable to **Division of Motor Vehicle.**
Complete and return with full payment (check or money order) to:

REGISTRATION OFFICE

PO Box 584

Claymont, DE 19703-0584

**NO CASH
ACCEPTED**

Experienced Rider Course, In-State Resident.....\$35.00

Experienced Rider Course, out of state Resident.....\$100.00

Course # Preference _____

2nd Course Choice _____

Full Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

SS# _____ Drivers Lic. # _____

Home Phone # () _____ Work Phone # () _____

Military _____ Student _____

Do you have any medical or physical disabilities, that may affect your ability to ride a motorcycle? Yes No If yes, please explain on a separate sheet of paper.