

PELICANS CYCLE CLUB WINGS Riding Certification

Applicant Information:

Name: _____ Ride Date: _____
 Address: _____ Phone: _____
 City _____ State _____ Zip _____ Email: _____

Motorcycle IDENTIFICATION: _____ (IE electra glide, softtail,don't put FHLRT)

Check one: Bronze ___ Silver ___ Gold ___ Platinum ___

Ride Documentation:

Rec #	Date	Time	Odometer	Business	Nar	City	State	Comment
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Total Odometer Miles _____ Total Mapping Program Miles _____

Start Witness

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Date _____ Time _____
 Odometer Reading: _____

End Witness

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Date _____ Time _____
 Odometer Reading: _____

Signature: _____
 (not required for electronic submission)

Date: _____