

SAFETY AND OCCUPATIONAL HEALTH DEPARTMENT U.S. NAVAL SUPPORT ACTIVITY BAHRAIN

MOTORCYCLE SAFETY TRAINING REQUEST FORM

FOR OFFICIAL USE ONL	Y - DATE RECEIVED BY SAFETY:	S	ECTION 1
1. Desired Training:			
2a. Last Name:	2b.First Name:	2c. M.I:	
3. Rank/Rate:	4a.Command:	4b.UIC:	
5. Contact (DSN/Cell):	/		
6. Email:	7.PRD:		
8. Select the most recently	PROJECTED ROT y completed motorcycle safety training	• ,	
9. Motorcycle Riding Expe	erience (# of Month/Year):		
10. Do you own a motorcy	ycle? (If yes, type of motorcycle)? YES	NO	
11. Are you planning to R	ide in Bahrain? YES NO		
Date:	Signature:		CTION 2
	ACKNOWLEDGEMENT OF NO		ECTION 2
requested to attend motor	fety Representative (MSR) acknowledge rcycle safety training and he/she has be all sheet or other methods of record kee	en added to the respective commands	
Last Name, First Name, M	I Rank/Rate	Signature	CTION 2
		_	ECTION 3
ACKNOW	LEDGEMENT OF PRE-PURCHASE COU	NSELING (ONLY FOR NEW RIDERS)	
I acknowledge that the sailor mentioned in Section 1 has been provided with the requisite 'Pre-purchase Counseling' in accordance with OPNAVINST 5100.12J (para 12 c).			
requisite Fre-purchase C	ounseling in accordance with OFNAVII	131 3100.123 (para 12 c).	
Rank/Rate Sig	gnature		
Please submit the comple	eted training request form to the Safety	and Occupational Health Department a	ıt:
Email: yaser.mohamed.bh	n@me.navy.mil or asif.thaj.in@me.navy.	mil or shajan.varughese.in@me.navy.	mil
For further information co	ontact: DSN: 318-439-4601 Commercial:	+11-973-1785-4601	
 Section 1 - Fields 1 thru 7 are mar Section 2 - Contact command MS 	ndatory, Fields 8 thru 11 are required if you have previous R and identify his/her information in this section. This for new rider (e.g. no license/endorsement/riding experie		MSR (E-7 or above)