



A.B.A.T.E. of Oregon

MOTORCYCLE AWARENESS PROGRAM
CERTIFICATION FORM

The following person has completed the steps for Instructor Certification and has demonstrated the knowledge, understanding and dedication necessary to present the A.B.A.T.E. of Oregon, Inc. Motorcycle Awareness Program.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ABATE Chapter or other Organization

Date of Instructional Class _____

Date of Presentation _____

By affixing our names to this form we testify that the above person is ready for certification as on INSTRUCTOR in the Motorcycle Awareness Program.

Instructor #1 (please print) _____

Signature _____

Instructor #2 (please print) _____

Signature _____

Mail this form to: Education Director
A.B.A.T.E. of Oregon, Inc.
P.O. Box 4504
Portland, OR 97208