Authorization to Operate Motorcycle

All students using a borrowed motorcycle must have the owner's permission to operate. Please note for the purpose of the motorcycle class, if your name is not on the registration, then it is a borrowed motorcycle. Please have the owner complete and sign this form prior to beginning the class. The student must have the registration and proof of insurance available during the class.

Owner Information

Owner's Name* _____
First Middle Last

Address _____

City _____ **State** _____ **Zip Code** _____

Preferred Phone Number to be Reached _____

Inclusive Dates of Operation: **Date from _____, 20___ Date until _____, 20___

Motorcycle Information

Year _____ **Make** _____ **Model** _____

License Plate # _____ **VIN #** _____

Insurance Company _____ **Policy Number**_____

Policy Effective Date _____ **Policy Expiration Date** _____

Insurance Agency _____ **Phone Number** _____

Insurance Agency Address _____

*Owner is defined under the South Carolina Code of Laws, Section 56-3-20 as follows: "Owner" means a person who holds the legal title of a vehicle or, in the event (a) a vehicle is the subject of an agreement for the conditional sale or lease with the right of purchase upon performance of the conditions stated in the agreement and with an immediate right of possession vested in the conditional vendee or lessee or (b) a mortgagor of a vehicle is entitled to possession, then the conditional vendee or lessee or mortgagor is deemed the owner for the purpose of this chapter.

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Operator's Information

Operator's Name _____
First Middle Last

Address _____

City _____ **State** _____ **Zip Code** _____

Preferred Phone Number to be Reached _____

I,_____(owner), give_____(operator) my permission to operate the above identified vehicle during the dates indicated above (**) for the purpose of using the vehicle while taking a motorcycle rider education course. I understand the course is being implemented by the "Sponsor" which include its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course, including but not limited to the South Carolina Rider Education Program, its members, employees, agents and representatives.

Owner's Signature

_____

Sworn to before me

(Official seal)

On this ____ day of _____, 20___

_____
Notary Public for South Carolina

Commission Expires: _____