Oklahoma National Guard Rider Education Program

RIDER INFORMATION

FULL NAME: _____
(FIRST MIDDLE INITIAL LAST)

MAILING ADDRESS: _____
(INCLUDE Apt #, Lot #, Etc.)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE INFO: _____
(HOME) (WORK) (OTHER) (PAGER)

EMAIL ADDRESS: _____

AGE:_____ DATE OF BIRTH: _____ SEX: _____
MONTH/DAY/YEAR

DRIVER'S LICENSE #: _____STATE: _____ EXPIRES: _____
MONTH/YEAR

Please Print Your Name EXACTLY As It Is On Your Driver's License

_____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

TELE. INFO.: _____
(HOME) (WORK) (OTHER)

******* MILITARY PERSONNEL MUST PROVIDE THE FOLLOWING *******

BRANCH OF SERVICE: _____ UNIT: _____

RANK: _____ LAST 4 of SSN #:_____

FOR INSTRUCTOR USE ONLY

COURSE ENDING DATE: _____ BRC _____ ERC_____ RCP_____

COURSE LOCATION: _____

LEAD INSTRUCTOR: _____ MSF #:_____ OKLA #:_____

ASST. INSTRUCTOR: _____ MSF #:_____ OKLA #:_____

MSF COMPLETION CARD #: _____ CERTIFICATE ISSUED: YES _____ NO____

KNOW. TEST:_____ SKILLS TEST: _____ DROPPED OUT:_____ REMOVED:_____
(EXPLAIN BELOW – INCLUDE LEVEL AND/OR EXERCISE)

COMMENTS: _____