



CENTRAL MOTORCYCLE ROADRACING ASSOCIATION

2019 Central Motorcycle Roadracing Association (CMRA) License School Provider Agreement

The CMRA welcomes qualified organizations to participate as a partner and CMRA License School provider. Qualified partners must meet and maintain the minimum standards outlined below to retain their status as a partner/provider with the CMRA.

General Requirements:

Provider is defined as the organization or anyone associated with the organization or persons acting on behalf of the organization entering into an agreement with the CMRA for the purposes of providing CMRA licensing school to new riders.

All new and returning providers must submit their request and signed agreement in writing to the CMRA office annually.

Each provider must name one or two CMRA License School instructors, subject to approval by the CMRA Director of Competition. Replacements or alternates must be approved in writing in advance.

Each approved provider must submit an annual \$200 provider fee payable to the CMRA. The provider fee is based on a calendar year and is non-refundable.

Providers will maintain a standard \$85 fee for the license school. This charge may be independent of other costs associated with a provider's track day. The full \$85 will be retained by the provider. No license school fees will go to the CMRA.

Copy of written tests must be received by the CMRA office immediately following the day of the class and prior to a license being finalized. The tests may be submitted via snail mail, fax or scan/email as an attachment.

All providers must be reviewed and re-approved by the CMRA Director of Competition annually. The CMRA reserves the right to revoke the provider license at any time for any reason without refund consideration.

Approved Provider agrees not to engage in any activity or act which in the judgment of CMRA may injure or adversely reflect on the name and goodwill of CMRA.

Approved Provider further agrees to conduct themselves at all times so as not to bring adverse publicity to CMRA and are prohibited from making derogatory remarks about the CMRA or its staff, including but not limited to public message forums such as internet message boards and personal web pages.

Approved Provider understands that if they do not perform to CMRA's satisfaction that CMRA may terminate the contract prior to its expiration date.

A list of School Dates must be submitted to the CMRA with signed License School Provider Agreement. Any changes in schedule during the year must be submitted in writing prior to publishing or advertising the dates.

Provider Initials & Date _____

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License School Requirements:

Providers are required to use a standard CMRA approved curriculum, original copy of School Handbook and Written Test to be provided by the CMRA.

Providers are responsible for all License School supplies: (approved curriculum handbook and test, CMRA approved standard "Prov Nov" T-shirts and provider name certificates of completion for graduates). **At the conclusion of the school, each student will be provided a copy of the school handbook, yellow Prov Nov t-shirt, completion certificate and new racer discount packet.** The certificate will include the School Provider name, student's name, the instructor's name, the date and location of the school.

Date Conflicts:

Approved Providers are prohibited from holding competing events on the same dates as a CMRA event weekend if the venue is within 200 miles of the published CMRA event. Events held on the same weekend as a CMRA event may not include the CMRA License School.

Provider Approval:

Providers will be notified of approval after the CMRA License School Provider Agreement forms have been signed, initialed and returned with payment to the CMRA office. Providers may not advertise or publish any CMRA License School dates prior to approval.

Organization Information:

Name: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Owner(s)/Operator(s): _____

Instructor #1: _____ Ph #: _____

Instructor #2: _____ Ph #: _____

By my signature below, I have read, understand and agree to all of the above terms and conditions:

Signature: _____ Date: _____

Printed Name: _____

Provider Initials _____