ATV Hands-on Course Notification

The purpose of this form is to notify Oregon Parks & Recreation Department of your training courses so that we may announce them on our ATV safety web site. To assure adequate time for students to plan ahead, please let us know of your class scheduling at least ninety days in advance.

Who:

Course Provider: _____
Instructor: _____
Contact Phone: _____
Web Address: _____
Email address: _____

What:

ATV Class: ☐ Class I, or ☐ Class III *(check one)*
Course Type: ☐ Evaluation, or ☐ Instruction *(check one)*

When:

Date of Training: _____
Start Time: _____
Duration: _____

Where:

County: _____
City: _____
Training Location: _____

Other:

Cost: _____
Seats Available: _____
Instructions: _____
_____
_____
_____
_____
_____

Mail this form to: Oregon Parks & Recreation Department
ATTN: ATV Safety
725 Summer Street NE, Suite C
Salem, OR 97301-1266

Or fax to: 503-986-0793 ATTN: ATV Safety Education Coordinator

If you have any questions regarding this or Oregon's ATV Safety Education Program, contact the ATV Safety Education Coordinator at 503-986-0585