



DEPARTMENT OF THE NAVY  
CHIEF OF NAVAL AIR TRAINING  
250 LEXINGTON BLVD SUITE 102  
CORPUS CHRISTI TX 78419-5041

CNATRAININST 5100.13  
00X  
3 Sep 2014

CNATRA INSTRUCTION 5100.13

Subj: NAVAL AIR TRAINING COMMAND MOTORCYCLE SAFETY PROGRAM

Ref: (a) OPNAVINST 5100.12J

Encl: (1) CNATRA Motorcycle Safety NAVPERS 1070/613

1. Purpose. To assign responsibilities and establish policy for the Chief of Naval Air Training (CNATRA) Motorcycle Safety Program. Motorcycle rider safety training remains a top priority within CNATRA. Our highly transient student population requires significant program vigilance.

2. Scope and Effect

a. Scope. Reference (a) applies to all military personnel at all times.

b. Effect. Violation of provisions of reference (a) by military personnel may be punishable under the Uniform Code of Military Justice (UCMJ).

3. Responsibilities. Commanders, Commanding Officers, Officers-in-Charge, and Motorcycle Safety Representatives (MSR) shall:

a. Comply with the Navy Traffic Safety Program established in reference (a).

b. Ensure all military personnel complete enclosure (1). Maintain a local copy of enclosure (1) for every military member assigned to the command until that service member has checked into a follow-on command or has completely transitioned out of the military service.

c. Aggressively identify motorcycle riders and provide each rider with required training prior to their training expiration date. Motorcycle training shall take precedence over syllabus events except for ground school, detachments or other events where a one day delay could result in a training delay of several weeks.

D. M. EDGECOMB  
Chief of Staff

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CNATRA SharePoint

**ADMINISTRATIVE REMARKS**  
**NAVPERS 1070/613 (REV. 10-81)**

**E-32**

INITIALS

\_\_\_\_\_ I ACKNOWLEDGE THAT I HAVE BEEN BRIEFED ON MOTORCYCLE SAFETY.

\_\_\_\_\_ I UNDERSTAND THAT OPERATING A MOTORCYCLE IS AN INHERENTLY HIGH-RISK ACTIVITY AND AS SUCH I WILL ABIDE BY ALL REGULATIONS AS OUTLINED IN OPNAVINST 5100.12J.

\_\_\_\_\_ I FULLY UNDERSTAND THAT OPERATING A MOTORCYCLE IS A PERSONAL CHOICE AND I AM PERSONALLY ACCOUNTABLE FOR MY ACTIONS, SUCH AS RECKLESS DRIVING OR THE ABSENCE OF PPE. I UNDERSTAND THAT OPNAVINST 5100.12J IS A LAWFUL GENERAL ORDER AND VIOLATIONS OF IT ARE SUBJECT TO POTENTIAL DISCIPLINARY ACTION UNDER ARTICLE 92 OF THE UCMJ. ADDITIONALLY, VIOLATIONS OF OPNAVINST 5100.12J MAY BE CONSIDERED IN MAKING LINE OF DUTY/MISCONDUCT DETERMINATIONS FOR INJURIES RECEIVED ON OR OFF BASE.

\_\_\_\_\_ I POSSESS A VALID MOTORCYCLE LICENSE: YES/NO. STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

\_\_\_\_\_ I UNDERSTAND THAT POSSESSING A MOTORCYCLE LICENSE MEANS THAT I AM A MOTORCYCLE OPERATOR EVEN IF I DO NOT ACTIVELY RIDE, AND WILL COMPLY WITH OPNAVINST 5100.12J. I MAY CHOOSE TO OPT-OUT OF BEING A MOTORCYCLE OPERATOR AND THE TRAINING REQUIRED THEREOF. IN DOING SO, I RELINQUISH MY PRIVILEGES TO OPERATE ANY MOTORCYCLE BELONGING TO MYSELF OR ANYONE ELSE. I MAY RESUME RIDING BY REFILING THIS FORM WITH A COMMAND SAFETY REPRESENTATIVE AND COMPLYING WITH ALL TRAINING REQUIREMENTS.

\_\_\_\_\_ I ACKNOWLEDGE THAT IF I DO NOT CURRENTLY OWN A MOTORCYCLE, I AM REQUIRED TO NOTIFY THE CHAIN OF COMMAND IF I PLAN TO OR DO PURCHASE A MOTORCYCLE. I AM REQUIRED TO NOTIFY MY COMMAND IF I CHANGE THE TYPE OF MOTORCYCLE I OWN.

**(THE FOLLOWING SECTION IS FOR MOTORCYCLE OPERATORS ONLY)**

\_\_\_\_\_ I AM/AM NOT (**CIRCLE ONE**) GIVING UP MY MOTORCYCLE RIDING PRIVILEGES UNTIL FURTHER NOTICE.

\_\_\_\_\_ I OWN/DO NOT OWN (**CIRCLE ONE**) A MOTORCYCLE. THE PRIMARY MOTORCYCLE I OPERATE IS

MAKE/MODEL \_\_\_\_\_ SPORT BIKE \_\_\_\_\_ CRUISER/STANDARD \_\_\_\_\_ CC \_\_\_\_\_

\_\_\_\_\_ I FULLY UNDERSTAND THAT PERSONAL PROTECTIVE EQUIPMENT (PPE) IS MANDATORY PER OPNAVINST 5100.12J AND MUST BE WORN WHILE OPERATING OR RIDING ON A MOTORCYCLE REGARDLESS OF LOCATION OR DUTY STATUS. MANDATORY PPE REQUIREMENTS ARE: A PROPERLY FASTENED PROTECTIVE HELMET THAT MEETS U.S. DEPT. OF TRANSPORTATION (DoT) STANDARDS; PROTECTIVE EYE DEVICES DESIGNED FOR MOTORCYCLE OPERATORS (IMPACT OR SHATTER RESISTANT SAFETY GLASSES, GOGGLES, WRAP AROUND GLASSES OR FACE SHIELD PROPERLY ATTACHED TO THE HELMET); STURDY OVER THE ANKLE FOOTWEAR; LONG-SLEEVED SHIRT OR JACKET, LONG-LEGGED TROUSERS; FULL FINGERED GLOVES OR MITTENS DESIGNED FOR USE ON A MOTORCYCLE. THE FOLLOWING PPE IS RECOMMENDED FOR USE: REFLECTIVE OUTER GARMENTS OR VEST AT NIGHT; BRIGHTLY COLORED OUTER GARMENTS DURING THE DAY; GARMENTS CONSTRUCTED OF ABRASION RESISTANT MATERIALS SUCH AS LEATHER, KEVLAR, AND/OR CORDURA; GARMENTS CONTAINING IMPACT ABSORBING PADDING.

\_\_\_\_\_ I UNDERSTAND THAT I AM REQUIRED BY OPNAVINST 5100.12J TO ATTEND LEVEL I (e.g. MOTORCYCLE SAFETY FOUNDATION BASIC RIDER COURSE OR STATE-APPROVED COURSE) AND LEVEL II MOTORCYCLE TRAINING AT NO COST. NON-SPORT BIKE RIDER LEVEL II COURSES INCLUDE THE MSF EXPERIENCED RIDER COURSE/BRC II AND ADVANCED RIDER COURSE. LEVEL II COURSES FOR SPORT BIKE RIDERS INCLUDE THE ADVANCED RIDER COURSE OR MILITARY SPORTBIKE RIDER COURSE. LEVEL II TRAINING SHALL BE COMPLETED WITHIN 60 DAYS OF LEVEL I TRAINING OR UPON CHANGING TYPE OF MOTORCYCLE RIDDEN. REFRESHER TRAINING IS REQUIRED EVERY THREE YEARS.

\_\_\_\_\_ I UNDERSTAND I AM REQUIRED TO TURN IN A COPY OF MY CURRENT DRIVER'S LICENSE, MOTORCYCLE REGISTRATION, INSURANCE, AND DOCUMENTATION OF COMPLETION OF APPROVED MOTORCYCLE TRAINING TO MY CHAIN OF COMMAND.

SIGNATURE/DATE: \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE)	LAST 4 OF SSN	BRANCH	SQUADRON