



## Combat Veterans Motorcycle Association® Chapter 29-2 Wheels 4 Warriors PNW Program Application

*Combat Veterans Motorcycle Association® Chapter 29-2 is a registered non-profit 501c(3) in Oregon.*

By my signature below, I hereby apply for consideration for the Combat Veterans Motorcycle Association® (CVMA®) Chapter 29-2 Wheels 4 Warriors (W4W) PNW Program.

I certify that the following information is true to the best of my knowledge:

I am an honorably discharged U.S. Veteran or currently serving on Active Duty with the United States Armed Forces. I understand that submission of an application does not guarantee acceptance into the W4W PNW program. I further understand that CVMA® Chapter 29-2 may interview me, my family and contact the references I have provided below. I authorize CVMA® Chapter 29-2 to contact these individuals and grant permission for them to speak with CVMA® Chapter 29-2 concerning me and my application, my background and I hereby authorize any person, educational institution, or company I have listed as a reference on my application to disclose in good faith any information they may have regarding my qualifications and fitness for participation. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this application.

Other than the requirement to be an honorably discharged Veteran or currently serving, the W4W program will not discriminate against any applicant with regard to race, ethnicity, religion, gender, sexual orientation, age, disability or national origin. However, any disability must be able to be accommodated with current available resources and skills.

***All fields are required. Incomplete applications will not be considered.***

I understand that to be considered for the Wheels 4 Warrior PNW Program with CVMA Chapter 29-2, I must provide a copy of my DD-214/Service Transcript and Oregon driving record.

I certify that I either have or will obtain a motorcycle endorsement on my state driver's license before I take possession of a motorcycle from CVMA® Chapter 29-2.

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State Oregon ZIP \_\_\_\_\_

Preferred Contact Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Operator License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Endorsement(s) \_\_\_\_\_

*At your interview, you must provide your DMV driving record dated within the past 30 days.*

**Current Employer**

Name \_\_\_\_\_

Supervisor First and Last Name \_\_\_\_\_

Supervisor Phone Number \_\_\_\_\_

Month/Year Started \_\_\_\_\_

Job Title \_\_\_\_\_

**Armed Forces**

Branch of Service \_\_\_\_\_

Grade/Rank | MOS \_\_\_\_\_

Discharge Date (MONTH/DAY/YEAR) \_\_\_\_\_

Discharge Type \_\_\_\_\_

Length of Service \_\_\_\_\_

Combat – Theater, Unit, and Dates

\_\_\_\_\_  
\_\_\_\_\_

Veteran Group Affiliation(s) *(if applicable)*

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Why do you feel that a motorcycle will make your life better?

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Do you currently own a motorcycle?  Yes  No

Have you ever owned a motorcycle?  Yes  No

What is your preferred riding style?  Sport  Touring  Adventure  V-Twin/Cruiser

With what size bike are you familiar/comfortable?

600-900cc  900-1200cc  Over 1200cc

Would you require modifications to the bike to be able to ride?  Yes  No  
 If yes, please describe and/or select appropriate option(s) below

- All Hand Controls  Trike  Wheel Chair Platform  Automatic

Other: \_\_\_\_\_

Please tell us about your motorcycle experience: number of years, notable events, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

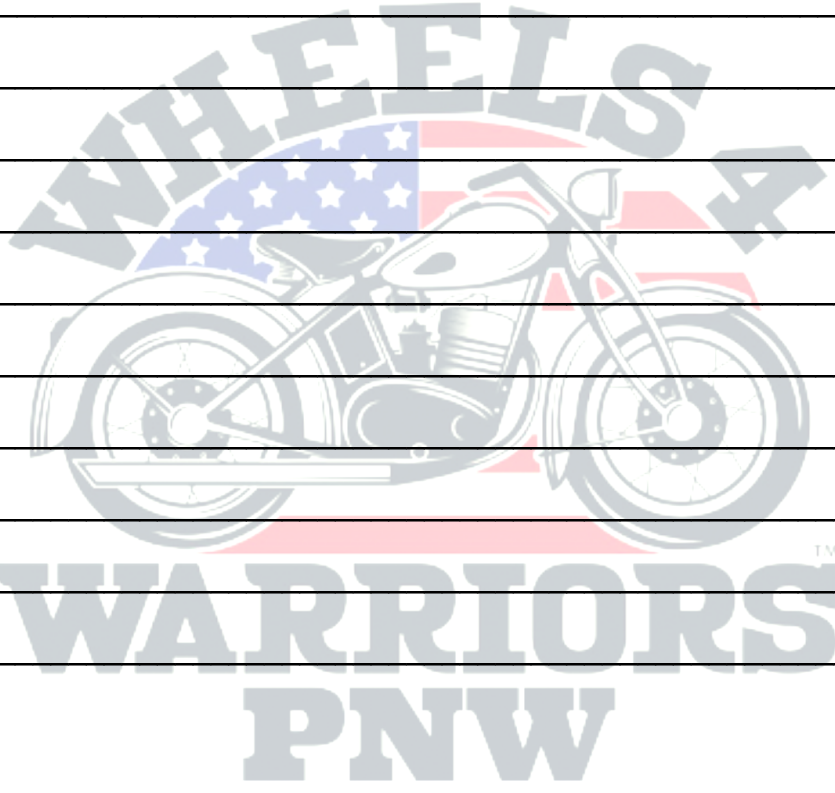
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**Reference 1**

First and Last Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

**Reference 2**

First and Last Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

How did you hear about the W4W program?

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Please include any additional comments to help us get to know you better.

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I \_\_\_\_\_ certify that all the information I provided is accurate and true.  
PRINT FIRST & LAST NAME

I have read all the information on this application and understand what I have read. I also understand that I am required to provide the following documents at the interview: DD214, Valid Drivers License, DMV report, dated within 30 days..

Signature \_\_\_\_\_

Date \_\_\_\_\_

Completed applications can be emailed to [CVMA292@GMAIL.COM](mailto:CVMA292@GMAIL.COM)

If selected, you will be contacted by phone.  
Please ensure your phone is set up to take voicemails.

The bike presentation will be on October 4, 2025 in Eugene, OR  
In person attendance required.