

**Licensing Chairman Use Only**

Name \_\_\_\_\_ Received Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Expiration \_\_\_\_\_



**SOVERN ADVANCED DRIVER  
LICENSE APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Race Car Type for Applicant \_\_\_\_\_

Please include current Car Registration Form – available at [www.sovrenracing.org/forms](http://www.sovrenracing.org/forms) and select Car Registration Form

Current Racing License \_\_\_\_\_ Medical Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Race History in this car or other cars in other racing venues. Included all sanctioning bodies \_\_\_\_\_

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

List all infractions served by SOVREN or other racing organizations in the last five (5) years \_\_\_\_\_

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

List all recent track days in this car \_\_\_\_\_

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

This application is subject to review by the SOVREN Competition Committee and may require a personal interview. A SOVREN RACING Membership is required and the fee for this Advanced License is included in the membership dues. The expiration rule is the same as the SOVREN racing license. For questions or more information, contact Al Murray at (206) 930-1902 or [oldcarsmmc@aol.com](mailto:oldcarsmmc@aol.com)

Send this application and CRF to:

Al Murray  
17476 D 147<sup>th</sup> St. SE  
Monroe, WA 98272