

**Licensing Chairman Use Only**

Name \_\_\_\_\_ Received Date \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
Expiration \_\_\_\_\_ Novice \_\_\_\_\_



**SOVERN VINTAGE RACING  
LICENSE APPLICATION**

License requests must be accompanied by an approved Medical Form signed by yourself and your physician. (You should keep a copy of the Medical Form.) Upon receipt of your License, please apply a passport sized photo to it and laminate. Licenses are valid for two years. Drivers over 60 are required to submit a medical form each year.

*New for 2016 – a RACING Membership is required for all drivers and the cost of the SOVREN License is included in the RACING Membership Dues.*

For questions or more information, contact Mike Zubko at (425) 455-9367 H, (206) 909-0671 C or e-mail to: [zubko9367@gmail.com](mailto:zubko9367@gmail.com)

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Type of License Requested

- Regular Competition License
- Over 60 Years Annual
- Novice License
- Advanced License. If this is your first SOVREN License application, please complete this form as well as the SOVREN Advanced Driver License Application. Form is available at [www.sovrenracing.org/forms](http://www.sovrenracing.org/forms)

As a DRIVER, I make this request for a Vintage Racing License with full knowledge that motor racing is dangerous, and that I will be required to sign a "release form" at each event. I further acknowledge that vintage racing may involve dangers not present in contemporary racing including, but not limited to lack of contemporary safety equipment in my own or in competitors' cars such as roll cages, fuel cells, fire systems, and race grouping which may include different types of cars in the same group creating potential problems of visibility and disparate speed potentials.

This section must be signed for Vintage Racing License to be granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check to assure both Medical and this form are completely filled out and send to:

Mike Zubko  
8604 NE 6<sup>th</sup> Street  
Medina, WA 98039