

Advanced Licensing Chairman Use Only

Name _____ Received Date _____
Approved _____ Disapproved _____ Date _____
Expiration _____



**SOVREN ADVANCED DRIVER
LICENSE APPLICATION**

Name _____ Date _____
Address _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Cell Phone _____
Email _____

Race Car Type for Application _____
(Please include current Car Registration Form – available at www.sovrenracing.org/forms)

Current Racing License _____ Medical Date _____ Expiration Date _____

Race History in this car or other cars or other racing venues. Include all sanctioning bodies _____

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

List all recent track days in this car _____

This application is to be 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 Greg Lovell at (253) 332-3157 or gl Lovell2000@yahoo.com

Send application with CRF to:
Greg Lovell
12717 116th St Ct E
Puyallup, WA 98374
(253) 332-3157