



2 Photo

4 x 6

COMPETITION LICENSE FORM

Please write all data below

PERSONAL INFORMATION

Full Name:					
Saudi / Resident ID:		Release Date:		Place Release:	
Driving License No:		Release Date:		Place Release:	
Passport No:		Release Date:		Place Release:	
Nationality:		Birth Date:		Birth Place:	
Address:					
E-Mail:					
Mobile No:		Fax No:		Tel No:	

SELECT TYPES COMPETITION LICENSES OF THE OPTIONS BELOW

License for:	Automobile	<input type="checkbox"/>	Motorbike	<input type="checkbox"/>		
Category:	KART	<input type="checkbox"/>	TOUR	<input type="checkbox"/>	CIRCUIT RACE (A)	<input type="checkbox"/>
	SPEED	<input type="checkbox"/>	SPEED (D)	<input type="checkbox"/>	CIRCUIT RACE (B)	<input type="checkbox"/>
	DRAG	<input type="checkbox"/>	RALLY	<input type="checkbox"/>	CIRCUIT RACE (C)	<input type="checkbox"/>
Type of license:	National	<input type="checkbox"/>	International	<input type="checkbox"/>		

I who signed below, I will follow and respect all instructions and regulations for Saudi Arabian Motor federation and (FIA & FIM).

Signature:

Date: / /

FOR OFFICIAL USE ONLY

Accept the application:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
License No:				
Type of payment:	Bank transfer	<input type="checkbox"/>	Cash	<input type="checkbox"/>
The Bank transfer No:		Date of the Bank transfer:		

Signed Charge:

Date: / /