



ATLANTIC REGION MOTOR SPORTS INC.
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OFFICIALS LICENSE APPLICATION

"COPY OF CURRENT CLUB MEMBERSHIP CARD MUST BE ATTACHED"

LICENSE TYPE: STEWARD CLERK OF COURSE

PERSONAL INFORMATION:

SURNAME: _____ FIRST: _____

STREET: _____ APT # _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE:

HOME: (____) _____ WORK: (____) _____ CELL: (____) _____

EMAIL: _____ FAX: (____) _____

DATE OF BIRTH: DAY: _____ MONTH: _____ YEAR: _____

DETAILS OF PREVIOUS LICENSE:

LICENSE TYPE: _____ GRADE: _____ PREVIOUS POSITION: _____

YEAR OF LICENSE: _____ LICENSE NUMBER: _____

EXPERIENCE:

YEAR	EVENT	CIRCUIT	EVENT STATUS	POSITION

APPLICANT'S SIGNATURE: _____ DATE: _____

REGION DISCIPLINE DIRECTORS COMMENTS:

REGION DISCIPLINE DIRECTORS APPROVAL: _____

MAIL APPLICATION AND SUPPORT INFORMATION TO:
REGIONAL EXECUTIVE STEWART