



Atlantic Region Motor Sports inc
P.O. Box 7381
Riverview, N.B.
E1B 4T9

kart@armsinc.ca

Regional Kart License Application

License Type: Regional \$50 Daily \$25 Fee Paid \$ _____

Personal Information:

Name: _____

Address: _____ APT # _____

City: _____ Prov: _____ Postal Code: _____

Telephone: H (____) - ____ - _____ W (____) - ____ - _____

Date of Birth: Day _____ Month _____ Year _____

Details of Previous License:

License Type: _____ Grade: _____

Year of License: _____ License Number: _____

Experience:

Year, Event, Circuit, Event Status, position _____

Applicants Signature: _____ Date: _____

Region Discipline Director Comments:

Regional Discipline Director Approval: Yes No

Forward application, supporting documentation and fee to:

James Partridge
ARMS Regional License Registrar
426 Town Road, RR#2
Falmouth, Nova Scotia
B0P 1L0