



**PARTICIPANT/CREW CHIEF LICENSE APPLICATION**

**MUST HAVE COMPLETED APPLICATION FOR BOTH DRIVER AND CREW CHIEF**

**Each Driver and Crew Chief must possess a Southeast Super Trucks License before being eligible to compete in any Series event.** By signing below, I acknowledge I have read, understood and voluntarily signed this application. I agree to abide by the current rules and regulations of the Southeast Super Trucks Series and as they may be amended from time to time. I understand and agree to accept and all penalties, suspensions and decisions against me by Officials and the Southeast Super Trucks Series. I understand that all Southeast Super Trucks Official's decisions are final, with no recourse or appeal. I understand that no prize money or points will be awarded without Southeast Super Trucks License. I understand Southeast Super Trucks Series License fees are non-refundable. I understand this license may be revoked at any time by Southeast Super Trucks Series.

Applicant's Name \_\_\_\_\_ Truck # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Drivers' License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2016 LICENSE FEES: \$125.00 DRIVER/\$75.00 CREW CHIEF**

\$125.00 \_\_\_\_\_ Driver  
\$75.00 \_\_\_\_\_ Crew Chief

*You must provide a valid Drivers License or Social Security Card*

*No one under 13 years of age will be eligible to compete in the Southeast Super Truck Series.*

*If you are 13-18 years of age, you must have appropriate parental consent forms signed by both parents/guardians. See Series Administrator for forms.*

*Must have qualified references to be eligible to participate.*

By signing below, I acknowledge and understand that motorsports racing can be a dangerous sport . I accept full responsibility for injury to myself and release Southeast Super Trucks Series from all liability of any injury and/or property damage.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Participant*

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Series Administrator*

Payment Method Check # \_\_\_\_\_ Cash \_\_\_\_\_