

Please fill this section out if you are applying for or renewing an IMG Time Trial or Race license.

Send this form, along with any requested documents to: IMG – Memberships, 2202 East Main St, Sacramento PA 17968 or email it to membership@imgracing.com Date of Birth Driver Name License Application Type IMG Time Trial License **IMG** Race License Do you currently, or have you previously held an IMG license? Yes, I am renewing my IMG license IMG License Number: I hold an equivalent license from a recognized sanctioning body. \square A copy of my license and current medical evaluation form (if applicable) are attached. \square No, I do not yet hold a competition license of any kind. I would like to enter in the TT School / Race School on ______ (date of school) to earn my license. A copy of my state driver's license and medical evaluation form (for race license applications only) is attached.

Driving / Competition Experience

Please briefly describe your driving experience, including any competition schools, and list the dates of your three most recent events, and your average lap times if you know them (be honest). If available, please attach a driving resume:

Medical Form - Race License Applicants Only

All racers must have a current medical evaluation according to the following schedule, by age:					
Under 40 – every S	5 years; 4	0 to 49 – every 3 years;	50 to 59 – every 2 years;	60 and up - every year	
My Medica] My Medical Evaluation Form is attached		My Medical Evaluation is current and on file		🗆 N/A
Applicant Signat	ure		Date	2	