

# DRIVER REGISTRATION \$50.00



Car # \_\_\_\_\_

Driver: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Business) (Cell)

Best one to Contact

Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Social Security / Taxpayer Identification Number: \_\_\_\_\_

Drivers Legal Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_

I have read and understand the AABL M 2010 rules. I will follow the entire safety and competition rules issued by AABL M. I also understand that racing is a dangerous sport and I will take full responsibility of my safety equipment, it that is promptly installed and used per manufactures requirement.

Please initial that you agree to the above

\_\_\_\_\_ →

### Tax Authorization

I hereby certify that the name and Social Security/Taxpayer Identification Number listed above is correct. I am an independent contractor, assuming all responsibility for monies received as a result of my activities including, without eliminating, income taxes, FICA, worker's compensation, and withholding taxes for the purpose of issuance of form 1099.

If the person listed above is not to receive the 1099, the owner information page must be completed with a valid SSN/Federal ID # attached to the Driver Registration Form and the following box initialed.

Drivers Legal Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_ →

Send /Make Payment to  
AIRPORT AUTO BROKERS LATE MODELS  
9171 Upper Lake Lucerne Rd Upper Lake, Ca 95485  
707-245-7410 Fax 707-317-0051

**[www.aablm.com](http://www.aablm.com)**