



DRIVER CLASS MOVE-UP APPROVAL

DRIVER NAME: _____

DRIVER AGE: _____ DRIVER QMA #: _____

HANDLER NAME: _____

CLUB: _____ HANDLER QMA #: _____

Date of Graduation: _____

The above driver has been reviewed by the undersigned as being experienced and capable enough to run an upper class motor as long as this driver also fits within the age bracket. The Class this handler is requesting for his driver to run is (please circle):

Honda GX160

B

AA

WF

PARENT/HANDLER (print)

PARENT/HANDLER (signature)

NOVICE DIRECTOR (print)

NOVICE DIRECTOR (signature)

CLUB PRESIDENT (print)

CLUB PRESIDENT (signature)

REGION DIRECTOR (print)

REGION DIRECTOR (signature)

(1) copy – club level, (1) copy – Regional Director, (1) copy National Office with purple card to receive white card.