



2017 Mechanic License Application

TRACK FEE \$30 - Annual

Name:

AMA #:

Mechanic For:

Address:

City:

State/Zip:

Cell Phone:

Work:

E-Mail Address:

Birthdate:

IN CASE OF EMERGENCY:

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL INSURANCE INFORMATION

Insurance Carrier:

Policy #:

For Office Use

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Applicants Signature, (if minor - signed by Legal Guardian)

Dated