



CLUB INTERNACIONAL DE CONDUCTORES DE AUTOMOBIL

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APLICACION (I M P R I M A)

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| NOMBRE | | | | | | | | | | | | | | | | | | | | | | | | |
| APELLIDO | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECCION COMPLETA | | | | | | | | | | | | | | | | | | | | | | | | |
| | CALLE | | | | | | | | | | | | | | | | | | APT. | | | | | |
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| | CIUDAD | | | | | | | | | | | | ESTADO | | CODIGO POSTAL | | | | | | | | | |

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| PAIS DE NACIMIENTO | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA DE NACIMIENTO | | | | | | | CATEGORIAS A B C D E | | | | | | | | | | | | | | | | | | |
| | MES | | DIA | | ANO | | | | | | | | | | | | | | | | | | | | |
| SEXO | | | COLOR DE OJOS | | | | ESTATURA | | | | | | | | | | | | | | | | | | |

DIRECCION PARA DEVOLVER (I M P R I M A)

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| | CIUDAD | | | | | | | | | | | | ESTADO | | CODIGO POSTAL | | | | | | | | | |

Quando mande por correo favor incluir Money Order. (no Cheque)

- Priority mail \$4.50 in USA
 UPS Second Day \$10.00
 Express Mail \$15.00 in USA
 International Express Mail \$30.00
 Your phone number: _____

By signing this application form I understand and will follow all City, State, Federal & International Traffic Regulations required by law & I acknowledge that I may not drive, anywhere without a valid Driver's License, & that my International Drivers License is not a stand-alone document; it has to be accompanied by original valid driver's license.



Su firma debe ser dentro