**TRAINING ORGANISATION APPLICATION**

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| **Organiser of the training leg** |  | |
| (name for a legal entity/name, surname for an individual) | |
| Registration No / Personal ID |  | |
| Contact information | **Phone** |  |
| **E-mail** |  |

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| **Name, kind and venue of the event** |  | | |
| **Start time** | DD/MM/YYYY HH:MM | **Finish time** | DD/MM/YYYY HH:MM |
| **Number of participants, name(s) and surname(s) of the driver(s)** |  | | |
| **Vehicle VIN(s)** |  | | |

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| **Person in charge of the event organisation**  **(name, surname, personal ID)** |  |
| **Person in charge of the event technical safety**  **(name, surname, personal ID)** |  |

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| **Precise description of the event venue, GPS point**  (map to be attached) |  |
| **Agreement with the local government;** (date, signature) |  |
| **Agreement with the road owners**  (Attach a written proof or fill in the date, position, name, and surname in this form below) | |
| National and local roads |  |
| Roads owned by JSC “Latvijas valsts meži” (Latvian State Forests) |  |
| Private property |  |
| **Public events' insurance policy copy attached** | |

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| **Statement from the local government that there are no claims against the event organiser** | To be sent within 7 working days after the event via fax +371-67551465, or in this form: date, position, name, surname, and signature | |
| All information given in this application is correct and true. | | |
| **Event organiser:** | | |
| Name, surname  L.S. | | Signature |