



## Puget Sound Antique Tractor and Machinery Association Youth Driver Safety Program Certification

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PARENT/GUARDIAN NAME  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

I understand that my child will be operating a tractor/motorized vehicle on the Puget Sound Antique Tractor and Machinery Association grounds and will ensure that the PSATMA regulations are understood will be followed and will be responsible for his/her activities.

SIGNATURE \_\_\_\_\_

(Parent or Guardian)

INSTRUCTOR \_\_\_\_\_

PASS FAIL

AGE 6-7

AGE 8-16

ARMBAND AND LICENSE PROVIDED