**Application FOR Special Order Request**

**PLEASE PRINT OUT THIS FORM AND MAIL TO THE OFFICE**

Along with picture, copy of valid driver license and money order payable to IADC for the amount of **$60.00**

INTERNATIONAL AUTOMOBILE DRIVER'S CLUB  
55 Grymes Hill Rd, Staten Island, NY 10301

**Must Mail to 4 Peachtree Lane Manalpa, NJ 07726**  
Tel.: (718) 238-0623, (718) 238-2863, Fax: (718) 238-0623

|  |  |
| --- | --- |
| First Name: | FIRST |
| Last Name: | MIDDLE |
| Address: | 30 ANYWHERE AVENUE |
| City: | BELIZE CITY |
| State: | CAYO DISTRICT |
| ZIP: |  |
| Country: | BELIZE 1 I D for 5 years amount $60.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender:  FEMALE | Eyes:  BROWN | Heig**h**t:  5' 6" | Date of Birth:  01/01/1960 | Country of Birth:  America |

|  |  |  |  |
| --- | --- | --- | --- |
| Category:  B | Shipping:  PRIORITY W/STAMP ENCLOSED | Expedited:  NO | Total Price:  $60.00 |

No checks accepted, Money Orders only.

|  |
| --- |
| Shipping address  c/o first-middle |
| Your mailing address   City, State [61001-9998] |

|  |  |
| --- | --- |
| Phone Number: 422 404-2212 | Email: [email@mail.com](mailto:email@mail.com) |

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 Driver’s License is not a stand-alone document; it has to be accompanied by original valid driver's license.

|  |  |  |
| --- | --- | --- |
| Photo |  |  |

Applicant’s signature