

## **Bicycle Race Permit Application**

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Section I: Applicant I	nforma	tion								
Applicant Name						Applicant Email			Date	
Organization / Club Name			Organization \		Website Racing Club			Applicant Phone Number		
								No	, фризант нене наше.	
Organization / Club Address			•	City		,		State		Zip Code
Section II: Bicycle Ra	ace Eve	ent Informati	ion							
Race Name										
Sanctioning Organization								Permit Number		
Insurance Company								Policy Number		Number
Name of Certified Flagger	Approved Traffic Control Plan			ans Certified F		lagger Phone Number		Number of Traffic Control Personne		ic Control Personnel
Chief Referee							Chief Referee Phone Number			
Race Date(s)				Start Time(s)			Finish Time(s)			
Race Location Address				City				State Zip Code		Zip Code
Race Start Location				Race Finish Location						
Expected Number of Participants			mber of	Spectat	tors	Maximum Number of Races on Road at One Time				
Maximum Number of Participants on the Course at One				ime Number of Catego			ries			
Does the Bicycle Race Use Other Agency Roads?					Have Other Agencies Approved Race Course and Ev			se and Event?		
Race Description (Check A	II That Ap	ply)								
Enclosure Type(s) Race				)		Course Type(s)				
Totally Open Race Course C			riteriun	n		Point to F				
Partially Closed Race Course			ime Tria	al		Circuit				
Totally Closed Race Course			load Ra	ace		Out and Back				
Rolling Enclosure			Stage Race							
Protected Enclosure			Cyclocross							
		M	lountai	n Bike						
If using caravan, attach diagram and include all vehicles.			Multi-Sport Time Trial							
			Multi-Sport Road Race							

section III: Race Details and Map colored approved Traffic Control Plans if your event is using flaggers or Law Enforcement to direct traffic on state highways.	
escribe Race in Detail.	

Insert or attach a map showing the race course in detail. Mark important locations including start and finish locations, parking, road closures, traffic-controlled intersections, warning signs and traffic control equipment, feed zones, etc.	

Section IV: Medical Service Information	
Describe Emergency Medical Services available during the race	
Section V: Notification Plan	
Describe how businesses and residents will be notified of the race event	
Section VI: Indemnification	
Gection VI. Indefininication	
The permittee by signing below indemnifies and saves harmless the state of Washington for any claim suit, action for injuries, death or other cause of personal injury or property damage arising from the issuance of a bicycle race permit, including claims of race participants, pedestrians, or other roadway users.	
Applicant Signature Date	_
Send this completed application and attachments to the appropriate WSDOT Region Traffic Office. If the permit is approved, a signed copy of the application will be returned to the applicant identified in Section I.	
This is a valid race permit if signed by the WSDOT Regional Administrator or designee. This document and any attached conditions constitute the Bicycle Race Permit.	
Regional Administrator	
or Designee Date	