



<b>Section I: Applicant Information</b>			
Applicant Name			Date
Organization / Club Name		Racing Club <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Phone Number
Organization / Club Address	City	State	Zip Code

<b>Section II: Bicycle Race Event Information</b>			
Race Name			
Sanctioning Organization			Permit Number
Insurance Company			Policy Number
Name of Certified Flagger	Certified Flagger Phone Number	Number of Traffic Control Personnel	
Chief Referee			Chief Referee Phone Number
Race Date(s)	Start Time(s)	Finish Time(s)	
Race Location Address	City	State	Zip Code
Race Start Location		Race Finish Location	
Expected Number of Participants	Expected Number of Spectators	Maximum Number of Races on Road at One Time	
Maximum Number of Participants on the Course at One Time		Number of Categories	
Does the Bicycle Race Use Other Agency Roads?		Have Other Agencies Approved Race Course and Event?	
Race Description (Check All That Apply)			
<b>Enclosure Type(s)</b> <input type="checkbox"/> Totally Open Race Course <input type="checkbox"/> Partially Closed Race Course <input type="checkbox"/> Totally Closed Race Course <input type="checkbox"/> Rolling Enclosure <input type="checkbox"/> Protected Enclosure  <b>If using caravan, attach diagram and include all vehicles.</b>		<b>Race Type(s)</b> <input type="checkbox"/> Criterium <input type="checkbox"/> Time Trial <input type="checkbox"/> Road Race <input type="checkbox"/> Stage Race <input type="checkbox"/> Cyclocross <input type="checkbox"/> Mountain Bike <input type="checkbox"/> Multi-Sport Time Trial <input type="checkbox"/> Multi-Sport Road Race	
<b>Course Type(s)</b> <input type="checkbox"/> Point to Point <input type="checkbox"/> Circuit <input type="checkbox"/> Out and Back			

**Section III: Race Details and Map**

Describe Race in Detail

Insert, Draw, 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

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 \_\_\_\_\_ Date \_\_\_\_\_