



Competition License Application

Please read instructions on back before completing application.

Change of Address? Yes Change of Region of Record? Yes Change of Division? Yes

Please refer to: GCR 3.9.1 F, regarding the procedures to CHANGE YOUR DIVISION

Membership No: _____

Name: _____ Birthdate: _____ Home: _____

Addr: _____ Cell: _____

City: _____ State: _____ Zip: _____ Work: _____

Country: _____

Check the License you are applying for:

National Competition \$90.00 Regional Competition \$80.00 Vintage Competition \$55.00

Special Handling Service Additional \$125.00

24 hour turn around if received by 3:00 PM CST. Includes copy of your license to be faxed or emailed and original sent overnight express delivery.

E-mail: _____ Fax: _____

SCCA Overnight Address:

6700 SW Topeka Blvd. Bldg 300
Topeka, KS 66619

Required Participation

(must be completed in order to receive a license)

List only those events which meet the participation requirements stated on the reverse side.

EVENT DATE MM-DD-YY	TRACK	SANCTION # (For Vintage, List Sanction Body)	CAR CLASS	FINISHING POSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SEE PHYSICAL EXAMINATION REQUIREMENTS ON REVERSE SIDE

I hereby certify that the information above is correct. I realize any falsification will result in the loss of my SCCA Competition License. Additionally, I agree to abide by the provisions of the SCCA General Competition Rules and/or Pro Racing Rules and Regulations, as well as all applicable event Supplementary Regulations. By accepting membership in the SCCA all members agree to conduct themselves according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members.

Applicant's Signature: _____ Date: _____

Method of Payment

Check Money Order Credit Card:

Visa / MasterCard (only) Acct# _____ Exp. _____ Total Amount Enclosed \$ _____

Applications submitted by fax must be accompanied by a Visa or MasterCard account number for payment

Instructions & Requirements

For Safe Keeping, Photo Copy All Correspondence Prior To Mailing

Requirements for ALL Applicants

1. Current SCCA Membership.
2. Completed application and a current SCCA Physician's Examination/Medical History form when required.

Physician's Examination Requirements

SCCA Competitor must have a current Physical Examination on file at SCCA National Office when applying for a competition license. To obtain the Official SCCA Physician's Examination/Medical History visit the SCCA website scca.com or call Member Services.

16-39 years of age every five (5) years

40-49 years of age every three (3) years

50-59 years of age every two (2) years

60 years of age and older every year

(Every blank on the Physician's Examination/Medical History MUST be completed)

Any known medical conditions which could affect your ability to compete must be immediately reported to the Medical Review Board per GCR 4.4.1.

3. **MINORS Applicant 16 or 17:** New applications MUST be accompanied by a completed Minor Release & Waiver of Liability and Indemnity Agreement, plus the Minor's Assumption of Risk Acknowledgement form (Minor MS-L). **Certain states may impose higher age limits and all license applicants must be of the age of majority for the state they reside in. These forms must be on file at National Office before applicants receives his/her license.**

Current GCR Requirements

All SCCA Competitors are required to have a current GCR. GCR's are included in the license fee for National and Regional licenses. Applicants who are applying for a new competition license will receive a GCR with the license. Applicants with active competition license will receive a New GCR each competition season in January.

Competition License Terms

All SCCA Competition Licenses indicate the month and year of expiration. This expiration date coincides with the Membership anniversary date. ALL licenses expire on the same date as the Membership anniversary date, and BOTH must be renewed when they expire. **Renewal of a Competition License is not automatic with Membership renewal.**

New Competition License Participation Requirements

Vintage & Regional - Completion of one of the following.

- a. Two (2) SCCA Driver Schools or approved equivalent, and (2) SCCA sanctioned Regional events, within the preceding 24 months. Send completed original Novice Permit logbook, containing Chief Steward's signature of approval.
- b. "Letter Of Compliance" from a SCCA accredited professional driving school recommending the applicant for a regional competition license.

National

- Completion of one of the following.

- a. Four (4) SCCA sanctioned Regional events within the preceding 12 months or completed original Novice Permit logbook, containing Chief Steward's signature of approval and a total of six (6) SCCA sanctioned Regional events with official results.
- b. "Letter Of Compliance" from a SCCA accredited professional driving school recommending the applicant for a National competition license.

Prior Racing Experience - May be waived in total or in part by the Divisional License Chairman of the applicant's Division of Record or the Manager of Club Racing. Applicants under the age of eighteen (18) may only be waived by the Director of Club Racing.

Submit application to Member Services with appropriate license fee.

Competition License Renewal Participation Requirements

Vintage - Completion of at least two (2) Vintage or SCCA sanctioned Regional events in the preceding 12 months.

Regional - Completion of at least two (2) SCCA sanctioned Regional events in the preceding 12 months.

National - Completion of one of the following within the preceding 12 months:

- a. Three (3) SCCA sanctioned National, Professional or FIA events
- b. Two SCCA sanctioned National, Professional or FIA events, and one Regional event
- c. Four (4) SCCA sanctioned Regional events

Applicants With Less Than The Minimum Participation Requirements

Submits a letter of explanation, competition resume, Physician's Examination/Medical History (see requirements above), competition application and proof of SCCA membership to the applicant's Divisional Licensing Administrator for review. For contact information about your Divisional Licensing Administrator call Member Services.

If you have questions, please contact the Member Services Department

SCCA Member Services - P.O. Box 299, Topeka, KS 66601-0299 - 1-800-770-2055 - 785-232-7213 Fax - membership@scca.com