



# SCCA Competition License Application

Please read instructions carefully on reverse side prior to completing application.  
*Reminder: Current GCR Required*

**Office Use Only**  
 Date Rcvd \_\_\_\_\_

Please complete the following:

Change of Address?  Yes

Please refer to: **GCR 16.3.3.**, regarding the procedures to **CHANGE YOUR DIVISION**

Membership No: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Addr: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone:(H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Special Handling Service \$125.00**  
 This is a 24 hour turnaround process, which includes a copy of your license to be faxed and sent by overnight express mail  
 6700 SW Topeka Blvd  
 Bld 300  
 Topeka, KS 66619  
 Fax# (\_\_\_\_) \_\_\_\_\_  
 **Yes**

**Check the type of License and Fee you are applying for:**

New	Renewal	License Type	Fee
<input type="checkbox"/>	<input type="checkbox"/>	National Competition	\$ 75.00
<input type="checkbox"/>	<input type="checkbox"/>	Regional Competition	\$ 75.00
<input type="checkbox"/>	<input type="checkbox"/>	Vintage Competition	\$ 55.00

Special Handling Service (24 hour turnaround) Additional \$125.00

**Required Participation**

(must be completed in order to receive a license)

List only those events which meet the participation requirements stated in the instructions on the reverse side of this application.  
**WITHOUT THE SANCTION NUMBER YOUR APPLICATION WILL BE RETURNED TO YOU**

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

**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

**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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Instructions & Requirements

## Requirements for ALL Applicants

1. Applicant must hold a current Membership with the SCCA.
2. Application must be completed and fees paid in full.
3. Application must be accompanied by a current SCCA physical exam, when required. (See Physical Exam Requirements below)
4. **MINORS Applicant 16 or 17:** New or Renewing applications MUST be accompanied by a completed Parental Consent Release & Waiver of Liability, Assumption of Risk, & Indemnity Agreement, plus the Minor's Assumption of Risk Acknowledgement forms. **These forms must be completed each year before applicants receives his/her license.**

## 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** - Application shall have successfully completed two (2) SCCA Driver Schools or approved equivalent, and (2) SCCA sanctioned Regional events, within the preceding 24 months. Completed original Novice Permit logbook, containing Chief Steward's signature of approval, must be submitted to the Licensing Department with \$55 license fee.

**Regional** - Applicant shall have successfully completed two (2) SCCA Driver Schools or approved equivalent, and two (2) SCCA sanctioned Regional events, within the preceding 24 months. Completed original Novice Permit logbook, containing Chief Steward's signature of approval, must be submitted to the Licensing Department with \$75 license fee.

**National** - Applicant shall have successfully completed four (4) SCCA sanctioned Regional events within the preceding 12 months and send in a license fee of \$75 or completed original Novice Permit logbook, containing Chief Steward's signature of approval and a total of six (6) SCCA sanctioned Regional events and a license fee of \$100.

## 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. At least three (3) SCCA sanctioned National or SCCA sanctioned FIA events
- b. Two SCCA sanctioned National or SCCA sanctioned FIA, and one SCCA sanctioned Regional event
- c. One SCCA sanctioned National or SCCA sanctioned FIA event, and three (3) SCCA sanctioned Regional events
- d. Four (4) SCCA sanctioned Regional events

## Applicants With Less Than The Minimum Participation Requirements

Applications with less than the minimum participation requirements shall be submitted, along with a letter of explanation and competition resume, to the applicant's Divisional Licensing Administrator for review. Applicants shall include a stamped envelope addressed to SCCA Member Services, P.O. Box 19400, Topeka, KS 66619-0400. **For safe keeping, photo copy all correspondence prior to mailing.**

## Physical Examination Requirements

A physical examination is required for each SCCA Competitor applying for a Novice, Vintage, Regional, or National Competition License in the following manner:

***every five (5) years for those 16-35 years of age  
every two (2) years for those 36-59 years of age  
every year for those 60 years of age and older  
(Every blank on the physical form MUST be completed)***

Physical Examination shall be submitted on the Official SCCA Medical Form obtainable from the SCCA Member Services Department. Exam must be verifiable, therefore completed exam must have a "stamped" doctor's signature and address on the front side of the Medical form. If a "stamp" is not available, print Doctor's name, address and phone number, clearly on the form.

**Any known medical conditions which could affect your ability to compete must be immediately reported to the Medical Review Board per GCR 4.7.1.**

**If you have questions, please contact the Member Services Department BEFORE you send in your application.**

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