



# SCCA Competition License Application



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



**Office Use Only**

Date Rcvd \_\_\_\_\_

\$ Rcvd \_\_\_\_\_ Chk # \_\_\_\_\_

M/S Dues \$ \_\_\_\_\_ License \$ \_\_\_\_\_

Merchandise \$ \_\_\_\_\_

Refund \$ \_\_\_\_\_

Misc \_\_\_\_\_

If mailing label is not affixed above or is incorrect, complete the following:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Addr: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Division: \_\_\_\_\_ Membership No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Region: \_\_\_\_\_

Change of Address? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please refer to:

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

### Check the type of License you are applying for:

- |  |   |
|--|---|
| <input type="checkbox"/> New Dual (Pro/National Competition) | <input type="checkbox"/> Dual Renewal     |
| <input type="checkbox"/> New National Competition            | <input type="checkbox"/> National Renewal |
| <input type="checkbox"/> New Regional Competition            | <input type="checkbox"/> Regional Renewal |
| <input type="checkbox"/> New Vintage Competition             | <input type="checkbox"/> Vintage Renewal  |

**License Fees**

Dual (Pro & National)	\$140
National Competition	\$55
Regional Competition	\$55
Vintage Competition	\$55
Special Handling	\$125

**Special Handling Service** is available for an additional \$125. This is a 24 Hour turnaround process, which includes a copy of your license to be faxed and sent by overnight express mail.

Fax # (\_\_\_\_) \_\_\_\_\_

Please list any class in which you intend to compete during the following 12 months: \_\_\_\_\_

### 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.

EVENT DATE	TRACK	EVENT CLASSIFICATION	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: \_\_\_\_\_

# How To Renew An SCCA Competition License

**Follow these instructions for quick and easy renewal:**

1. Make sure your membership is renewed, or enclose payment with your license application. Memberships and licenses expire at the same time.
2. Check for your correct address; if it is incorrect, make the appropriate changes.
3. Mark which license you are applying for.
4. Fill in your participation for the last 12 months:

**(This must be completed to receive your license)**

**NATIONAL:**

- a. 3 SCCA National events, OR
- b. 2 SCCA National and 1 SCCA Regional, OR
- c. 1 SCCA National and 3 SCCA Regionals. OR
- d. 4 SCCA Regional events
- e. PRO and FIA events also count

**REGIONAL:**

- a. 2 SCCA Regional events

**VINTAGE:**

- a. 2 Vintage or SCCA Regional events

**DUAL:**

- a. 3 National, PRO, or FIA events

**(Only events that were completed count toward renewal)**

**5. When You Need a Physical:**

Every SCCA Club or Pro competitor is required to submit an official SCCA physical form completed by a Medical Doctor as follows:

- Ages 16-35: Every 5 years
- Ages 36-59: Every 2 years
- Ages 60 and older: Every year

**(Every blank on the physical form must be completed to receive your license)**

6. Select method of payment and include it with your application. Fees are listed on the front of the application.

IF YOU HAVE QUESTIONS ABOUT, OR DO NOT MEET THE ABOVE REQUIREMENTS, PLEASE CONTACT THE CENTRAL LICENSING DEPARTMENT **BEFORE** YOU SEND IN YOUR APPLICATION.  
**(800) 770-2055**

# 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)

## 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 \$55 license fee.

**National** - Applicant shall have successfully completed four (4) SCCA sanctioned Regional events within the preceding 12 months.

**Dual (Professional & National Competition)** - Applicant shall have successfully completed three (3) SCCA sanctioned National events within the preceding 12 months, and agree to abide by SCCA Pro Racing Rulebook.

## 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

**Dual** - Must have completed three (3) SCCA sanctioned National, Professional, or FIA events within the preceding 12 months.

## 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 applicants Divisional Licensing Chairman for review. Applicants shall include a stamped envelope addressed to SCCA Central Licensing, 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***

Physical Examination shall be submitted on the Official SCCA Medical Form obtainable from the SCCA Licensing Department. Exam must be verifiable, therefore they must contain a "stamped" 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.

**DUAL LICENSE applicants shall submit a current physical exam EACH year, and if over 40 years of age, and EKG as well.**

**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.**

**Failure to follow instructions will delay the processing of your license.**

**SCCA Central Licensing P.O. Box 19400, Topeka, KS 66619-0400 - 1-800-770-2055 - 785-232-7213 Fax - www.scca.com**