



Race Official License Application



Please read instructions carefully prior to completing application.

Office Use Only
Date Rcvd _____
License Type _____



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

Name: _____ Adrs: _____
City: _____ State: _____ Zip: _____
Phone: (H) (____) _____ (W) (____) _____ E-mail: _____
Membership No: _____ Expiration Date: _____ Region of Record: _____ Division: _____
Change of Address? Yes _____ No _____

TO UPGRADE YOUR LICENSE(S) COMPLETE THE REVERSE SIDE

	LICENSE RENEWAL PARTICIPATION REQUIREMENTS:
NATIONAL RENEWAL:	Eight (8) days at SCCA Sanctioned events in the preceding 12 months.
DIVISIONAL RENEWAL:	Six (6) days at SCCA Sanctioned events in the preceding 12 months.
*REGIONAL RENEWAL:	Automatic with Membership Renewal.
SENIOR RENEWAL:	Must be pre-approved by Divisional Administrator and Executive Steward every three (3) years.

SPECIALTY	NATIONAL	DIVISIONAL	SENIOR
Emergency Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flagging & Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit & Paddock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrutineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing & Scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Application approved	REGIONAL ADMINISTRATOR
Signature: _____	Date: _____ Division: _____
<input type="checkbox"/> Application approved	DIVISIONAL ADMINISTRATOR
Signature: _____	Date: _____ Division: _____

I hereby certify that the information above is correct. I realize any falsification will result in the loss of the above-indicated license. Additionally, I certify that I am familiar with the SCCA rules and regulations governing the use of the above-indicated License and I agree to abide by those rules and regulations and all applicable SCCA policies.

Applicant's Signature: _____ Date: _____

If you have NOT met the renewal participation requirements, please forward your application to your Regional/Divisional Administrator or Regional Executive for approval.

FORWARD APPLICATIONS AND SIGN-OFF LOG CARD(S) (PHOTO COPY ACCEPTABLE) TO:

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

SCCA Officials License Upgrade

PLEASE CHECK THE APPROPRIATE BOX(S) FOR THE LICENSE(S) UPGRADE YOU ARE REQUESTING AND FORWARD THESE APPLICATION TO YOUR REGIONAL SPECIALTY ADMINISTRATOR OR REGIONAL EXECUTIVE FOR APPROVAL.

NAME: _____

SPECIALTY	NATIONAL	DIVISIONAL	SENIOR
Emergency Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flagging & Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit & Paddock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrutineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing & Scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGIONAL / DIVISIONAL ADMINISTRATOR USE ONLY

REGIONAL SPECIALTY ADMINISTRATOR / REGIONAL EXECUTIVE

Application approved for (check one): National Divisional license upgrade

Signature: _____ Date: _____ Region: _____

Please forward this application to the Div'l Administrator for approval within one week after receiving.

DIVISIONAL ADMINISTRATOR

Application approved for (check one): National Divisional license upgrade

Signature: _____ Date: _____ Division: _____

Please forward this application to the SCCA Central Licensing Dept. for approval within one week after receiving.

EXECUTIVE STEWARD US ONLY

SENIOR LICENSE RENEWAL / UPGRADE

The Executive Steward must pre-approve Senior License upgrade and/or Senior License renewal. (Expires every three years)

EXECUTIVE STEWARD

Signature: _____ Date: _____ Division: _____

Please forward to the SCCA Club Racing Department within one week after receiving.

UNAPPROVED APPLICATIONS

PLEASE FORWARD A LETTER OF EXPLANATION TO DENIED APPLICANTS AND COPY THE SCCA CENTRAL LICENSING DEPARTMENT - THANK YOU