



Stewards' License Application



Please read instructions carefully prior to completing application.

Office Use Only	
Date Rcvd	_____
License Type	_____
Initials	_____
SIT	_____
Misc	_____



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

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

RECORD OF STEWARDING PARTICIPATION IN THE PAST 12 MONTHS

Additional Space on Reverse Side

Location	Date	Event Type	Official Capacity

CURRENT LICENSE(S) Check Box

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

LICENSE(S) APPLIED FOR Check Box

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

TO BE COMPLETED BY EXECUTIVE STEWARD APPLICATION APPROVED FOR:

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

Executive Stewards Signature _____ Division _____ Date _____

If any requirements are waived, please attach explanation to this form

TO BE COMPLETED BY CHAIRMAN OF THE STEWARDS' PROGRAM

Nat'l Series Chief Steward

Chairman of the Stewards' Program Signature _____ Date _____

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: