



NEW COMPETITION LICENSE APPLICATION

All applicants must be at least 18 years old

Name _____ email _____

Address _____ City _____ State _____ Zip _____

Phone(Day) _____ Cell/Evening _____ Fax _____ D/O/B _____

- TYPE OF LICENSE APPLYING FOR:**
- SVRA Competition License \$200
- SVRA Super License ** \$250

****Note:** A Super License is required in order to compete in GTP, WSC, Can-Am, F1, F3000, F5000, Indy, Indy Lights, IMSA GTO, Tube-frame Trans Am, FIA Group 4. Please review full requirements found under DRIVER INFO at www.SVRA.com.

New Applicants must supply the following. Please use the License Checklist found under FORMS on SVRA website.

- Copy of Current Competition License with a VMC member organization (i.e. VSCDA, HMSA, VRG, etc) **OR**
 - Copy of Current Competition License with a recognized professional racing organization (i.e. FIA, ALMS, SCCA, etc,) **OR**
 - Proof of successful completion of an accredited 3-day Road Racing Driving School (i.e. Skip Barber, Bob Bondurant, etc.)
- AND**
- Current Medical Form. Date of Medical Must Be Valid Through 12/31 of year of application. Medicals are active for 3 years.
 - WAIVER WILL NOW BE SIGNED AT EVENT REGISTRATON**
 - Digital Photo of applicant in jpeg format. Please send to SVRA Registrar (Kathy@SVRA.com.)

Note: If you do not have a Current Vintage Racing License with a recognized organization, you will be required to compete at an SVRA event under observation of SVRA officials and may be required to participate in the SVRA DOP Program. Upon approval of the Licensing Director, your license will be issued.

Please complete

Current Licenses Held (include copy) _____

Racing Schools Completed (include certificate) _____

Other Racing Experience _____

Type of Race Car you intend to race with SVRA: Make _____ Model _____ Year _____

FEES: Expiration date of all licenses is December 31st of the year of issue. SVRA Membership is included with your License Fee.

Credit Card Information

VISA/MC/AMEX/DISCOVER _____

Exp Date ____/____ Verification Code _____

Billing Address _____ City _____ State _____ Zip _____

TOTAL \$ _____

Please make checks payable to SVRA. Mail to SVRA, 1312 Regency Court, Southlake TX 76092

Phone (817)521-5158 Fax(817)953-3550 email: Kathy@svra.com Website: www.svra.com

I understand that SVRA reserves the right to refuse any application for any reason and that acceptance of this License Application and fee by any SVRA official does not constitute approval of the application and that all applications must be officially approved by SVRA.

FOR OFFICIAL USE ONLY

Date Rec'd _____ Amt. Rec'd _____ Cash/CK/CC _____ Photo Rec'd _____

Medical Form Rec'd or Date _____