



# 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 \$300

SVRA Super License \*\* \$400

\*\*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](http://www.svra.com).

### New Applicants must supply the following.

- 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](mailto: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

Most Recent License(s): Organization(s) \_\_\_\_\_ Lic# \_\_\_\_\_ Lic Exp \_\_\_\_\_

Racing Schools Completed (include certificate): \_\_\_\_\_

Most Recent RACE(S) Completed: Sanctioning body \_\_\_\_\_ Date \_\_\_\_\_

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

**FEES:** Expiration date of all licenses is December 31<sup>st</sup> 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, 5487 E. Lake Road, Romulus, NY 14541  
Fax(817)953-3550 email: [Kathy@svra.com](mailto:Kathy@svra.com) Website: [www.svra.com](http://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 \_\_\_\_\_