



## 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.](#)
  - ☐ **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:

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Please make checks payable to Parella Motorsports LLC  
Mail to Parella Motorsports P.O. Box 780215 Orlando, FL 32828  
Fax (817) 953-3550 Email: [kathy@svra.com](mailto:kathy@svra.com)

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