

Novice Permit Application

Change of Address? Yes		
Membership No:		
Name:	Birthdate:	Home:
Address:		_Cell:
City:	State: Zip:	Work:
Country:		
_	(Per Person License Fee Includes Event Op	
Speci Standard P 24 hour turn around to be faxed or e	(Per Person License Fee Includes Event Op ial Handling Service Additional \$140.0 rocessing/ Overnight Delivery Additio if received by 3:00 PM CST. Includes cop emailed and original sent overnight expre	0 nal \$5 0 y of your license
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Speci Standard P 24 hour turn around to be faxed or e	ial Handling Service Additional \$1 40 .0 rocessing/ Overnight Delivery Additio if received by 3:00 PM CST. Includes cop emailed and original sent overnight expre	0 nal \$5 0 y of your license

IF THE APPLICANT IS UNDER 18, PLEASE COMPLETE THE FOLLOWING & A MINOR WAIVER:

I, being the parent or legal guardian of the above named minor applicant, acknowledge that he/she is applying for a license to participate as a competitor in SCCA Road Racing events.

Date

Download a Minor Waiver form at https://my.scca.com or visit www.scca.com/downloads under Insurance Forms, choose the Minor Waiver based on your location and whether a public notary or SCCA official will witness.

I hereby certify that the information above is correct. I realize any falsification will result in the loss of my SCCA Competition License. Additionally, I agree to abide by the provisions of the SCCA General Competition Rules and/or Pro Racing Rules and Regulations, as well as all applicable event Supplementary Regulations. By accepting membership in the SCCA and any SCCA Region I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment.

Applicant's Signature:				Date:	
Payment Method:	Check	Credit Card	Money Ord	ler	
Visa/MC/Discover (only) A	Acct#		Exp	Total Amount Enclosed \$	
Applications submitted by fax must be accompanied by a Visa/ MasterCard/ Discover account number for payment.					

SCCA Member Service P.O. Box 299 Topeka KS 66601 0299 1 800 770 2055 785 232 7213 Fax membership@scca.com

Novice Permit Application Instructional

Retain a copy of All Correspondence

Please read before completing the application on the reverse side.

Application Process:

A. Applicants must hold a valid full privilege Driver's License in their state of residence and be a current SCCA member.

**14 or 15 year old applicants must have a State Issued Identification Card or Passport and be a current member. If one of the above forms of identification is not available, please submit a completed SCCA Minor Age Affidavit form.

- B. Applicants 18 years and older may apply to National Office, Member Services or their Divisional Licensing Administrator for a Road Racing Novice Permit.
- C. Minors: The age of majority for licensing purposes is determined by the state law but is typically 18 years of age. Certain States may impose higher age limits and all license applicants must be of the age of majority for the state they are residing in. Please submit a completed Minor waiver, based on your location and whether a public notary or SCCA official will witness, **must be in color**. No one under age of fourteen (14) year of age may be issued a novice permit or competition license. Minors MUST apply to National Office for a Novice permit, or Region (if not a minor).

D. Submit the following to SCCA Member Services:

- 1. Completed Road Racing Novice Permit application.
- 2. Current SCCA Physician's Examination/Medical History with all sides completed and signed by the applicant and the physician.

Physician's Examination Requirements

SCCA Competitor must have a current Physical Examination on file at SCCA National Office when applying for a novice permit. You may obtain the Official SCCA Medical Form <u>here</u> or call Member Services at (800)770-2055.

14-39 years of age every five (5) years 40-49 years of age every three (3) years 50-69 years of age every two (2) years 70 years of age and older every year

(Every blank on the Physician's Examination/ Medical History MUST be completed)

Any known medical conditions which could affect your ability to compete must be immediately reported to SCCA member service per GCR 2.3.2.

- 3. \$135.00 license fee.
- 4. A copy of your current State Driver's License (front/

back). **14 and 15 year old applicants must include a copy of your State I ssued I dentification Card (front/ back), Passport, or completed SCCA Minor Age Affidavit.

- 5. Completed Minor Waiver.
- E. Upon receipt of novice permit please attach photo.

Prior Racing Experience – May be accepted in total or in part according to GCR Appendix C section 2.7. Additionally successful completion of an SCCA accredited professional driver school program may be substituted for the SCCA drivers school and part of the SCCA regional event requirement depending on the programs accreditation level. Please refer to the list of SCCA accredited school found <u>here</u>. A "Certificate of Compliance" is required.

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