



# ICSCC 2009 COMPETITION LICENSE APPLICATION

Application Fee: \$75 U.S. Funds

**ICSCC LICENSE REGISTRAR**  
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 Email:  
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**DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ GRP/License #: \_\_\_\_\_  
 Fee: \_\_\_\_\_ GRP/License #: \_\_\_\_\_  
 Check/Cash: \_\_\_\_\_ GRP/License #: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Approved By: \_\_\_\_\_

**APPLICANT: PLEASE PRINT LEGIBLY AND SIGN: Return to the LICENSE REGISTRAR** (address listed above left)

NAME		STREET ADDRESS	
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	AREA CODE / TELEPHONE NUMBER
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE / PROV	EMAIL ADDRESS (if applicable)
CLUB AFFILIATION (REFLECTS CONTEST BOARD VOTE)	COMPETITION LICENSE #	ISSUED BY	TRANSPONDER #
CAR MAKE and MODEL		CAR COLOR(S)	

**YOUR GROUP AND CLASS CHOICES ARE (Mark with an "X"):**

		3 NUMBER CHOICES/GROUP		
		1ST	2ND	3RD
<b>GROUP 1</b>	<input type="checkbox"/> A PROD <input type="checkbox"/> B PROD <input type="checkbox"/> C PROD <input type="checkbox"/> D PROD <input type="checkbox"/> SPU <input type="checkbox"/> SPM <input type="checkbox"/> SPO <input type="checkbox"/> PRO-3			
<b>GROUP 2</b>	<input type="checkbox"/> E PROD <input type="checkbox"/> F PROD <input type="checkbox"/> G PROD <input type="checkbox"/> H PROD <input type="checkbox"/> I PROD <input type="checkbox"/> J PROD <input type="checkbox"/> SPEC MIATA <input type="checkbox"/> CR <input type="checkbox"/> PRO-7 <input type="checkbox"/> CLUB SPEC MIATA <input type="checkbox"/> HONDA 4			
<b>GROUP 3</b>	<input type="checkbox"/> CF <input type="checkbox"/> FF <input type="checkbox"/> FA <input type="checkbox"/> FM <input type="checkbox"/> FC			
<b>GROUP 4</b>	<input type="checkbox"/> GT-1 <input type="checkbox"/> GT-2 <input type="checkbox"/> GT-3 <input type="checkbox"/> AS <input type="checkbox"/> ITE <input type="checkbox"/> RS			
<b>GROUP 5</b>	<input type="checkbox"/> ITA <input type="checkbox"/> ITB <input type="checkbox"/> ITC <input type="checkbox"/> ITS <input type="checkbox"/> GTL <input type="checkbox"/> EIP <input type="checkbox"/> FIP <input type="checkbox"/> GIP <input type="checkbox"/> HIP			
<b>GROUP 6</b>	<input type="checkbox"/> FV <input type="checkbox"/> VFV <input type="checkbox"/> FFF/500 <input type="checkbox"/> FL <input type="checkbox"/> S-2 <input type="checkbox"/> ASR <input type="checkbox"/> BSR <input type="checkbox"/> CSR <input type="checkbox"/> DSR <input type="checkbox"/> ESR <input type="checkbox"/> FSR <input type="checkbox"/> NOVICE OPEN WHEEL			
<b>GROUP 7</b>	<input type="checkbox"/> NOVICE CLOSED WHEEL			

YOUR CHOICES FOR NUMBERS ARE:	IRR: 00 - 199	ARR: Use Original Novice #	NOVICE C/W or O/W: 300 - 499
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IF SHARING A CAR WITH ANOTHER DRIVER, PLEASE SUPPLY THE FOLLOWING IF KNOWN:	NAME				
	PRIMARY #	GROUP	SECOND #	GROUP	

APPLICANT'S LEGAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

**PLEASE COMPLETE CHECK LIST:**

<input type="checkbox"/>	Money order or check: (U.S. funds) for \$75.00	<input type="checkbox"/>	Medical History Application
<input type="checkbox"/>	Two photos - 1" x 1" (Photo ID size ONLY)	<input type="checkbox"/>	Physician Exam Form, if required by ICSCC Regs
<input type="checkbox"/>	<b>Proof of valid club membership</b> (Receipt of payment; this is your Contest Board Vote)	<input type="checkbox"/>	Doctor has marked "Is Fit" or "Should be Reviewed" in Recommendation section on Physical Examination Form
<input type="checkbox"/>	Form signed and dated	<input type="checkbox"/>	<b>Novices</b> – photocopy of Certificate of Completion of Driving School
<input type="checkbox"/>	Check here to <b>opt out</b> of receiving the ICSCC Memo by postal mail (every issue is available online)		

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Please allow 15 days for processing **AFTER** receipt of application. Thank you.

Licenses needed in less than 15 days may incur a \$75.00 expediting fee.