



# ICSCC 2012 COMPETITION LICENSE APPLICATION

Application Fee: \$75 U.S. Funds

**ICSCC LICENSE REGISTRAR**  
**Debbie Morton**  
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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"):**

GROUP 1	<input type="checkbox"/> A PROD <input type="checkbox"/> B PROD <input type="checkbox"/> C PROD <input type="checkbox"/> SPU <input type="checkbox"/> SPM <input type="checkbox"/> SPO <input type="checkbox"/> PRO-3
GROUP 2	<input type="checkbox"/> D PROD <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 <input type="checkbox"/> ITX <input type="checkbox"/> 944Cup
GROUP 3	<input type="checkbox"/> CF <input type="checkbox"/> FF <input type="checkbox"/> FA <input type="checkbox"/> FM <input type="checkbox"/> FC
GROUP 4	<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 <input type="checkbox"/> ST
GROUP 5	<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"/> HIP
GROUP 6	<input type="checkbox"/> FV <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
GROUP 7	<input type="checkbox"/> NOVICE CLOSED WHEEL

3 NUMBER CHOICES/GROUP		
1ST	2ND	3RD

YOUR CHOICES FOR NUMBERS ARE: \_\_\_\_\_

IRR: 00 - 199      ARR: Use Original Novice #      NOVICE C/W or O/W: 300 - 499

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 or Digital jpg file)	<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.