



# ICSCC 2012 COMPETITION LICENSE APPLICATION

Application Fee: \$75 U.S. Funds

**ICSCC LICENSE REGISTRAR**  
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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"):**

|                |   |
|----------------|---|
| <b>GROUP 1</b> | <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   |
| <b>GROUP 2</b> | <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"/> SPEC MIATA <input type="checkbox"/> CR<br><input type="checkbox"/> PRO-7 <input type="checkbox"/> CLUB SPEC MIATA <input type="checkbox"/> HONDA 4 <input type="checkbox"/> ITX <input type="checkbox"/> 944 CUP |
| <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 <input type="checkbox"/> ST  |
| <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"/> HIP   |
| <b>GROUP 6</b> | <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<br><input type="checkbox"/> NOVICE OPEN WHEEL   |
| <b>GROUP 7</b> | <input type="checkbox"/> NOVICE CLOSED WHEEL  |

| 3 NUMBER CHOICES/GROUP |     |     |
|------------------------|-----|-----|
| 1ST                    | 2ND | 3RD |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |
|                        |     |     |

YOUR CHOICES FOR NUMBERS ARE:    
 IRR: 00 - 299   
 ARR: Use Original Novice #    
 NOVICE C/W or O/W: 300 - 499

|  |           |  |       |  |          |  |       |
|--|-----------|--|-------|--|----------|--|-------|
| <b>IF SHARING A CAR WITH ANOTHER DRIVER, PLEASE SUPPLY THE FOLLOWING IF KNOWN:</b> | 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"/> One photo - 1" x 1" (Photo ID size ONLY or Digital jpg file) Or Use Digital Photo on file <input type="checkbox"/> . | <input type="checkbox"/> Physician Exam Form, if required by ICSCC Regs  |
| <input type="checkbox"/> <u>Proof of valid club membership</u><br>(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)            |  |

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.