



# ICSCC 2019 COMPETITION LICENSE APPLICATION

Application Fee paid through MSR\* only (\$90.00 for 1 year or \$180.00 for 2 years).

## ICSCC LICENSE REGISTRAR

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• Email: [ICSCC.License.Registrar@outlook.com](mailto:ICSCC.License.Registrar@outlook.com)

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

NAME	STREET ADDRESS
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CITY	STATE / PROVINCE	ZIP / POSTAL CODE	AREA CODE / TELEPHONE NUMBER
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DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE / PROV	EMAIL ADDRESS
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CLUB AFFILIATION (REFLECTS CONTEST BOARD VOTE)	FOUR DIGIT COMPETITION LICENSE #	CAR MAKE and MODEL ___ Own ___ Rent ___ Share
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Did You Race in The Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No    Location _____	SANCTIONING BODY <input type="checkbox"/> ICSCC <input type="checkbox"/> SCCA <input type="checkbox"/> ASN/CACC <input type="checkbox"/> _____
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**YOUR GROUP CHOICES FOR GUARANTEED NUMBERS 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"/> PRO3
<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"/> SPEC MIATA <input type="checkbox"/> CR <input type="checkbox"/> PRO7 <input type="checkbox"/> CLUB SPEC MIATA <input type="checkbox"/> HT <input type="checkbox"/> ITX <input type="checkbox"/> PRO44
<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 <input type="checkbox"/> SE46 <input type="checkbox"/> SST
<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 <input type="checkbox"/> CT4
<b>GROUP 6</b>	<input type="checkbox"/> FV <input type="checkbox"/> FL <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

NUMBER CHOICES/GROUP		
1ST	2ND	3RD

<b>YOUR CHOICES FOR NUMBERS ARE:    00 - 299</b>
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**PLEASE COMPLETE CHECK LIST:**

<input type="checkbox"/>	License fees can only be paid through Motorsportreg.com: \$90.00 (1year) or \$180.00 (2 year if eligible)
<input type="checkbox"/>	Proof of club membership valid through 11/30/19 for 1 year license or 11/30/20 for 2 year license. Send copy of your card, MSR* receipt, or email verification from club.
<input type="checkbox"/>	This form signed and dated
<input type="checkbox"/>	Medical History Application (this form is filled out by the driver with each license application)
<input type="checkbox"/>	Physician Exam Form, if required by ICSCC Competition Regulation # 302.C
<input type="checkbox"/>	Doctor has marked "Is Fit" or "Should be Reviewed" in Recommendation section on Physical Examination Form
<input type="checkbox"/>	<b>NOVICES</b> – photocopy of Certificate of Completion of Driving School or written/email approval from License Director
<input type="checkbox"/>	Check here to opt out of receiving the ICSCC Memo by postal mail <b>(every issue is available online)</b>

APPLICANT'S LEGAL SIGNATURE:

DATE:

, 20\_\_

\*<https://www.motorsportreg.com/>

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.**