



ICSCC 2020 COMPETITION LICENSE APPLICATION

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

ICSCC LICENSE REGISTRAR

Linda Bostrom

P.O. Box 6980, Tacoma WA 98417 ● Tel: (253) 756-9704

● Email: ICSCC.License.Registrar@outlook.com

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
---------------	-------------------------	--------------	---------------

CLUB AFFILIATION (REFLECTS CONTEST BOARD VOTE)	FOUR DIGIT COMPETITION LICENSE #	CAR MAKE and MODEL ___ Own ___ Rent ___ Share
------------------------------------------------	----------------------------------	--------------------------------------------------

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"/> _____
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

YOUR GROUP CHOICES FOR GUARANTEED NUMBERS 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"/> PRO3
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"/> 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
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 <input type="checkbox"/> SE46 <input type="checkbox"/> SST
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 <input type="checkbox"/> CT4
GROUP 6	<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
GROUP 7	<input type="checkbox"/> NOVICE CLOSED WHEEL

NUMBER CHOICES/GROUP		
1ST	2ND	3RD

YOUR CHOICES FOR NUMBERS ARE: 00 - 299

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 11/30/20 for 1year license or 11/30/21 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, <u>if required by ICSCC Competition Regulation # 302.C</u>
<input type="checkbox"/>	Doctor has marked "Is Fit" or "Should be Reviewed" in Recommendation section on Physical Examination Form
<input type="checkbox"/>	NOVICES – photocopy of Certificate of Completion of Driving School or written/email approval from License Director

APPLICANT'S LEGAL SIGNATURE: _____

Date _____

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.**