



ICSCC 2011 COMPETITION LICENSE APPLICATION

Application Fee: \$75 U.S. Funds

ICSCC LICENSE REGISTRAR <u>Karen McCoy</u> 13702 SW Hall Blvd. #4 Tigard, OR 97223 Cell: 503-730-9007 Fax: 503-684-0976 Email: license_registrar@icscc.com	ICSCC LICENSE DIRECTOR <u>Bob Mearns</u> 22638 Old Woodinville Duvall Rd Woodinville, WA 98077 Tel: 206-713-3345. Email: license_director@icscc.com	DO NOT WRITE IN THIS SPACE Date Received: _____ GRP/License #: _____ Fee: _____ GRP/License #: _____ Check/Cash: _____ GRP/License #: _____ Photos: _____ Date Issued: _____ Approved By: _____
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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	3 NUMBER CHOICES/GROUP		
	1ST	2ND	3RD
GROUP 1	<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		
GROUP 2	<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		
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"/> GIP <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		

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 or Digital jpg file)	<input type="checkbox"/>	Physician Exam Form, if required by ICSCC Regs
<input type="checkbox"/>	<u>Proof of valid club membership</u> (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"/>	Novices – photocopy of Certificate of Completion of Driving School
<input type="checkbox"/>	Check here to opt out 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.