

# F2000/F1600 SCCA Pro Racing Competition License Application



## Applicant Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ SCCA Member Number: \_\_\_\_\_

## Driver Experience Requirements

To receive a Competition License, Driver must have either:

- a) completed a minimum of three (3) National events or equivalent in the past 12 months, **or**
- b) have a letter of recommendation from an SCCA recognized sanctioning body **and** a resume of racing experience.

	Event Date	Car Class / Series	Track	Start Position	Finish Position
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Authorization for Testing and Release

I, \_\_\_\_\_, hereby give my consent to SCCA Pro Racing, and its designated agents to collect blood and/or urine samples from me; and to test those samples for the presence of alcohol and/or any other substance prohibited by SCCA Pro Racing; to conduct other such tests as SCCA Pro Racing deems necessary to determine whether or not my ability to race in, participate in or officiate at an SCCA Pro Racing event may be influenced by the use of drugs or alcohol.

I recognize that SCCA Pro Racing's testing of participants and officials are strictly to promote the integrity of SCCA Pro Racing sanctioned events and to protect the safety of the participants and spectators at those events. Accordingly, I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS SCCA Pro Racing, Ltd., SCCA, Inc., its officers, employees and agents of each of them, and any other person or entities against whom I may have a claim, from and for any claims, damages, losses and expenses of any kind whether caused by negligence or otherwise, arising out of the SCCA Pro testing program, or any act or omission in connection herewith, by SCCA Pro or said testing facilities, as well as their officers, employees and agents.

I further authorize SCCA Pro to release the results of said test to any party or parties to whom SCCA for its reasonable business activities shall direct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Please direct questions to: [registration@sccapro.com](mailto:registration@sccapro.com)

## Submission

**The Medical History and Physicians Examination (please keep a copy of your medical exam for your records), the Annual Credential application along with original Release of Waiver and Liability must be returned with this application.**

SCCA Pro Racing  
P.O. Box 19400  
Topeka, KS 66619

Overnight Address:  
6700 SW Topeka Blvd., Bldg. 300  
Topeka, KS 66619