SCCA PRO USE ONLY
Grade:
Date Received:
Amount Paid:



ACCUS	USE ONL	.Υ	

ide:	
e Received:	
ount Paid:	

\$75 Special handling fee/scanne \$75 Lost/stolen/upgrade or repl Attach: *one recent passport size pho *Racing Resume (events within	acement license (Must be by CHECK to n past 2 years) ery year and signed/dated within la	articipation outside of the U.S. A. night shipment, you must provide a Fed Ex or UPS CONLY payable to: ACCUS-FIA)	electronic air bill
	2023	1	
	APPLICATION FOR AN FIA	DRIVER'S LICENSE	
I, the undersigned, hereby apply for an Fl		e Automobile Competition Committee for the Unit	ted States, FIA, Inc.
Full Name:	•	** *	
Permanent Address: Street			
City:	State:	Zip:	
Telephone Numbers (Home):		(Office):	
Cell #:	Fax ‡	<u> </u>	
Date of Birth:	E-Mail Addres	ss	
Are you a U.S. citizen? Yes No	☐ If not, what country*:		
*If applicant is not a U.S. cit	izen applicant MUST obtain a permission lette	er from his/her home country ASN prior to submitting application	on.
FIA Grade Requested	If applicant is to	compete in Karting Races only, please check compete in Historic Races only, please check compete in Rally Races only, please check he	here 🔲
If you have previously held an FIA Dri	iver's License provide:		
Number:	Year:	Grade:	-
Signature (License Holder):		Date:	
•	vent on the FIA Calendar, unless endorsed for	ed. If entrant and driver are one and the same, both an Entran r Drag Racing, Historic Racing, Karting, Land Speed Records or of ACCUS.	
If you are participating in an event outside of the U.	.S. please be aware of all FIA International Spo	orting Code regulations found on the FIA website at <u>www.fia.co</u>	<u>m</u>
Additionally, be aware of the Therapeutic Use Exem	options (TUE) process as outlined in Appendix	A of the FIA International Sporting Code.	

If the applicant wants to allow his/her personal data to be collected and processed in the FIA World Accident Data Base by accepting the WADB Declaration of Consent, contact ACCUS for the applicable form. Accepting or Not Accepting has no bearing on the issuance of this license.

Club Endorsement and Temporary License:	
Approved by:	

THIS TEMPORARY LICENSE IS VALID FOR 30 DAYS FROM THIS DATE



Credit Card Authorization Form

Payment Amount: \$				
Payment Met	hod:			
Check	Visa	MasterCard	Discover	American Express
	,	,		
Make check p	ayable to: SCCA			
Mailing Addre	ess: 6620 SE Dwight S	t., Topeka, KS 66619		
Email: membe	ership@scca.com			
Fax: (785)232-	-7213			
NI				
Name on card	:			
Credit Card #:				
Expiration:		cv	V:	
SCCA Member	rship Number:			
Jeen Wellige	omp Hamber			
Authorized Sig	gnature:			

Racing Resume

•	Date:
•	Name:
•	Address:
•	SCCA Member Number:
•	ACCUS FIA License: o New o Renewal
•	Racing Experience - Focusing on the last 24 months, please provide the following information:
	o Date of Event:
	o Location of Event:
	o Track Name:
	o Country of Event:
	o Car Class:
	o Finishing Position:
	Organization of event:
•	Copy of Racing Licenses
•	Copy of Race Results (please attach)

** Any additional races, please supply detail.