



Novice Permit Application



Please read instructions carefully prior to completing application.

Office Use Only	
Received _____	
Fees\$ _____	Chk # _____
License \$ _____	
Misc _____	



Per Person License Fees

Novice Permit	\$55
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If mailing label is not affixed above or is incorrect, complete the following:

Name: _____ Addr: _____

City: _____ State: _____ Zip: _____

Phone: (H) (____) _____ (W) (____) _____ E-mail: _____

Membership No: _____ Expiration Date: _____ Region of Record: _____ Division: _____

Change of Address? Yes _____ No _____

STATE AUTOMOBILE OPERATOR'S LICENSE:

State _____ Number _____ Expiration Date _____

Previous Related Experience:

Method of Payment		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit
Card: _____		
Visa / MasterCard (only) Acct# _____	Exp. _____	Total Amount Enclosed \$ _____
Applications submitted by fax must be accompanied by a Visa or MasterCard account number for payment		

IF THE APPLICANT IS UNDER 18, PLEASE COMPLETE THE FOLLOWING & A MINOR WAIVER:

I, being the parent or legal guardian of the above named minor applicant, acknowledge that he/she is applying for a license to participate as a competitor/official in SCCA Solo events.

Parent of Legal Guardian Signature _____ Date _____

CALL CENTRAL LICENSING FOR A MINOR WAIVER FORM

I hereby certify that the information above is correct. I realize any falsification will result in the loss of the above-indicated license. Additionally, I certify that I am familiar with the SCCA rules and regulations governing the use of the above-indicated License and I agree to abide by those rules and regulations and all applicable SCCA policies.

Applicant's Signature: _____ **Date:** _____