

NASA COMPETITION LICENSE APPLICATION

Please complete the appropriate sections below and submit to the NASA National Office

Membership Number _____ Local NASA Chapter _____

Name _____ Phone _____

Street Address _____ City _____

State _____ Zip _____ Email _____

First Time NASA Competition License

- Rookie Permit or Provisional is attached.
- Medical Evaluation is attached. Expiration Date: _____
OR
- Medical Evaluation is on file. Expiration Date: _____
Required medical evaluation schedule: Racers under 36 – every 5 years; Racers 36-59 – every 2 years; 60+ every year
- A copy of my state driver's license is attached.

NASA Competition License Renewal

- Medical Evaluation is attached. Expiration Date: _____
OR
- Medical Evaluation is on file. Expiration Date: _____
Required medical evaluation schedule: Racers under 36 – every 5 years; Racers 36-59 – every 2 years; 60+ every year

NASA Competition License "School Requirement" Waiver – requires license from another sanctioning body

- I have been licensed by another sanctioning body.
Sanctioning Body: _____ License Exp.: _____
- Copy of Competition License is attached.
- Medical Evaluation is attached. Expiration Date: _____
- A copy of my state driver's license is attached.

Please submit the required documents plus **\$60 Annual License Fee** to:

National Auto Sport Association

PO Box 21555

Richmond, CA 94820-1555

510-232-6272

510-412-0549 fax

Driver Signature _____ Date _____

OFFICE USE:

All documents verified by: _____

OK to issue license by: _____

Date license sent: _____