



Rally America License Application

This form only requires the basic information so we may process your license. We may require additional information and use of this form will be discontinued after the online registration system is in place. Those holding FIA licenses must contact J.B. Niday at Rally America directly.

Name:

Last: _____ First: _____ MI: _____

Nickname: _____ Phonetic Pronunciation: _____

Username: (Future Web Site Access): _____

Official Use Only	
Date Rcvd:	_____
\$ Rcvd:	_____
Chk #:	_____
Auth:	_____

Address:

Address: _____

City: _____ State: _____ Country: _____

Zip: _____ Phone: _____

E-Mail: _____

Drivers License Number: _____

Date of Birth: _____

State: _____ Exp. Date: _____

If Applicable:

Existing SCCA License #: _____ Exp Date: _____

License Type:(check applicable boxes)	Fees: (check applicable boxes)
<input type="checkbox"/> Novice Driver	Single Event \$60.00 <input type="checkbox"/>
<input type="checkbox"/> Driver	Yearly License \$115.00 <input type="checkbox"/>
<input type="checkbox"/> Co-Driver	Regional Championships
	Eastern \$25.00 <input type="checkbox"/>
	Central \$25.00 <input type="checkbox"/>
	Western \$25.00 <input type="checkbox"/>
	National Championship \$95.00 <input type="checkbox"/>
	Total _____

Method of Payment		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card
Visa / Mastercard (only)	Acct# _____	Exp, _____

SEE PHYSICAL EXAMINATION REQUIREMENTS ON REVERSE SIDE

Have you been treated for, have you ever had, or have now, any of the conditions below?

Please attach an explanation on a separate page for any YES answers or conditions not listed.

YES	NO	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches; concussion or head injury; memory loss
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures; dizziness / fainting (syncope); numbness or tingling in arms and hands or legs and feet
<input type="checkbox"/>	<input type="checkbox"/>	Vision / eye problems (other than wearing glasses or contacts)
<input type="checkbox"/>	<input type="checkbox"/>	Heart attack / coronary artery disease, angina, murmurs or valve disease, abnormal rhythms or bundle branch blocks, palpitations, high blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	With mild exercise do you get fatigue, short of breath, wheezing, dizzy, pain in legs, swelling in legs or feet
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, COPD/Emphysema or other respiratory problems
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, thyroid disease
<input type="checkbox"/>	<input type="checkbox"/>	Blood or bleeding problems
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, seasonal or environmental allergies
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety, depression, mental health problems; any alcohol or drug problems
<input type="checkbox"/>	<input type="checkbox"/>	A history illness related to heat or cold exposure (heat stroke, frostbite etc)
<input type="checkbox"/>	<input type="checkbox"/>	Amputations, Physical Disability, use special devices (joint race, hearing aid)
<input type="checkbox"/>	<input type="checkbox"/>	Strains, sprains, swelling w/ injury, any broken bones, dislocated joints, swelling in muscles, joints or tendons
<input type="checkbox"/>	<input type="checkbox"/>	Operations involving Eyes, Brain, Heart, Nerves, Blood vessels or Bones
<input type="checkbox"/>	<input type="checkbox"/>	Previous denials/waivers for a racing license due to medical reasons
<input type="checkbox"/>	<input type="checkbox"/>	Admission to a hospital with in the past 12 months
<input type="checkbox"/>	<input type="checkbox"/>	Any automobile accident, including racing, in the past 2 years?

This is to certify that the above statements are true and accurate. I also give permission to any physician, hospital or institution, to furnish any information relative to my medical conditions to the Rally America Medical Board.

Applicant's Signature: _____ Date: _____