



Competition License Requirements:

All applicants must be at least 18 years old.

***Copy of Current** Competition License with a VMC member organization or other recognized professional racing organization. (i.e. SVRA/HMSA/VSCDA, FIA, Grand AM, ALMS, SCCA) **Or**

***Proof of successful completion of an accredited 3-day Road Racing Driving School** (i.e. Skip Barber, Bondurant) **AND**

***Copy of current Medical within 1 year** (Medical forms available) *** Notarized Release and Waiver**
***Digital photo** in jpeg form, emailed to: judy@hsrrace.com

A "Super License" is required for GTP, WSC, INDY, INDY Lights, F1, F3000, F5000 cars
Super License requirements are available on the HSR website.

Membership Fees: All licenses expire December 31st. of the year of issue. All memberships include a subscription to *Classic Motorsports* magazine and admittance for the member to HSR events.

Type of License Applying For - Please check one: (General Membership is not required)

_____	Super License	\$325
_____	HSR Competition License	\$215
_____	Stock Car License	\$215

Please Print Clearly **COMPETITON LICENSE APPLICATION** Please Print Clearly

Name _____ Email: _____

Address _____ City _____ State _____ Zip _____

Phone (Day) _____ Cell/Home _____ Fax _____

*** Please fill out completely ***

Current Competition Licenses held (must supply copy of license). _____

Driving Schools Completed (must supply copy of certificate) _____

Other Racing Experience _____

First event you intend to race? _____

Type of Race Car you intend to race with HSR: Make _____ Model _____ Year _____

Applicants Legal Signature _____ Date _____

(All Applicants Must Sign)

Your HSR License will be held until the first HSR event you participate in.

Credit Card Information

VISA/MC/AMEX/DISC

Card #: _____ - _____ - _____ - _____ Exp. Date ____/____ Code _____

Signature _____ Name as it appears on card _____

Billing Address _____ City _____ State _____ Zip _____

By signing above, I hereby authorize HSR to charge the above credit card. Total: \$ _____

Make Checks Payable to HSR. Mail to HSR, 1005 Parkway Industrial Park Dr., Buford, GA 30518

(404) 298-5616 * Fax (404) 298-6376

I understand that HSR reserves the right to refuse any application for any reason and that acceptance of this license application and fee by any HSR official does not constitute approval of the application and that all applications must be officially approved by HSR.

For Official Use Only

Date Received _____ License Type _____ License # _____ Amt. Rec'd _____ Cash ___ Ck ___ CC ___ Medical Exp. _____

Digital Photo Rec'd. _____ Notarized Waiver Rec'd. _____ License Mailed _____ Made at Event _____