



2018 COMPETITION LICENSE APPLICATION

All applicants MUST be at least 18 years of age

3031 NE 22nd Street | Fort Lauderdale, FL 33305 | 954- 931-0501

Administration contact: 770-380-7770 | jbentley463@gmail.com

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Cell _____ DOB _____

New Applicant complete all information below **Renewal** **License Number** _____

New Applicants must supply the following:

- Copy of current competition license with a VMC member organization (e.g. VSCDA, HMSA, VRG, etc.) **OR**
- Copy of current competition license with a recognized professional racing organization (e.g. FIA, IMSA, SCCA, etc.) **OR**
- Proof of successful completion of an accredited 3-day Road Racing Driving School (e.g. Skip Barber, Bondurant, etc.)
- Current medical form – **Date of medical form must be valid through 12/31 of year of application**
Medicals are active for 3 years
- Waiver signed at event registration in the presence of an IGT official.
- Digital photo of applicant in jpeg format. Please send to Julie Bentley at jbentley463@gmail.com

Upon the approval of the Competition Director, your license will be issued after your first race with International GT

Please Complete:

Current license held (include copy): _____

Racing School completed (include certificate): _____

Other racing experience: _____

Type of race car you intend to race: Make _____ Model _____ Year _____

FEES: **\$325 for license**

Expiration date of all licenses is December 31st of the year of issue.

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number _____ Exp Date _____ Security Code _____

Billing Address (if different from above):

Phone _____

Make checks payable to International GT

I understand that International GT reserves the right to refuse any application, for any reason and that acceptance of this Competition License Application and fee by any International GT official does not constitute approval of the application and that all applications must be officially approved by International GT.

FOR OFFICIAL USE ONLY		
Date received _____	Amount received _____	Cash/Ck/CC _____
<input type="checkbox"/> Photo received	<input type="checkbox"/> Waiver received	<input type="checkbox"/> Medical form received