



2017
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 SVRA or 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: \$295 for license, which includes SVRA Membership

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 _____

Photo received Waiver received Medical form received