

NASA Time Trial License Application

Please complete application below after being signed off by your Regional TT Director. You do not need a TT license if you already have a current NASA Provisional or Competition License.

Membership # _____ Local NASA Region _____

Name _____ Email Address _____

Street Address _____ Phone# _____

City _____ State _____ Zip _____

1) Driving Criteria (check off and fill out, if applicable, one of the categories below):

____ Prior NASA HPDE4 Experience—last event: _____

____ Current non-NASA Competition License—Organization and #: _____

____ Expired Competition Race License—Organization and #: _____

____ Current "Open Passing" (or POC) TT License—Organization and #: _____

____ Extensive past "Open Passing" Track or TT History—list Org's, dates, locations:

Org: _____ Date: _____ Track: _____

Org: _____ Date: _____ Track: _____

Org: _____ Date: _____ Track: _____

Org: _____ Date: _____ Track: _____

Name of Reference: _____ Organization: _____

Title: _____ Telephone #: _____

2) ____ I have read and understand the NASA TT rules and the consequences of non-compliance.

3) ____ I understand that I am not racing, that a spirit of cooperation is required on the track among drivers, and that I will be held to the highest standards of safety and driving performance.

4) ____ I understand the vehicle technical and safety inspection process.

By signing this application, I am affirming that all of the above statements are true, and that I have notified my TT Director if I ever had a competition race or TT license revoked, or if I have ever been expelled from a track organization or club.

Signature of Driver _____ Date _____

Signature of Regional TT Director _____

(Driver is now authorized to compete in regional TT competition temporarily for evaluation purposes)

Approval for NASA National TT License:

I have evaluated this driver during a NASA TT event, and approve this application for a NASA National Time Trial (TT) License.

Signature of Regional TT Director: _____ Date: _____

Printed Name of Regional TT Director: _____

(and title if authorized representative of the Regional TT Director)

Please email to dave@drivenasa.com or fax to **510-277-0657** with your credit card number for the \$10 annual TT License fee. **Note – Visa or MasterCard only.** Your receipt will be emailed to you.

Credit Card # _____ - _____ - _____ - _____ Expires: _____

Credit Card CVV2 code (REQUIRED) _____ [This is the three digit code on the back of your card]

Billing address (if different) _____

Billing City _____ State _____ Zip _____

Signature _____ **Date** _____