

NASA COMPETITION LICENSE APPLICATION

Please complete the appropriate sections below and submit to the NASA National Office

Membership Number _____ Local NASA Chapter _____

Name _____ Phone _____

Street Address _____ City _____

State _____ Zip _____ Email _____

First Time NASA Competition License

- Rookie Permit or Provisional is attached.
- Medical Evaluation is attached. Expiration Date: _____
OR
- Medical Evaluation is on file. Expiration Date: _____
Required medical evaluation schedule: Racers under 40 – every 5 years; 40-49 – every 3 years, 50-59 every 2 years, 60+- every year
- A copy of my state driver's license is attached.

NASA Competition License Renewal

- Medical Evaluation is attached. Expiration Date: _____
OR
- Medical Evaluation is on file. Expiration Date: _____
- Required medical evaluation schedule: Racers under 40 – every 5 years; 40-49 – every 3 years, 50-59 every 2 years, 60+- every year

NASA Competition License "School Requirement" Waiver – requires license from another sanctioning body

- I have been licensed by another sanctioning body.
Sanctioning Body: _____ License Exp.: _____
- Copy of Competition License is attached.
- Medical Evaluation is attached. Expiration Date: _____
- A copy of my state driver's license is attached.

Please fax the required documents plus a cover sheet with a credit card number below to submit the **\$85 Seasonal License Fee** to 510-277-0657 (fax). **Note- Visa / MasterCard only.**

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 _____

Please give me a **membership** / renewal for \$45 using the credit card above (circle): yes no

Driver Signature _____ Date _____