

# 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 **\$70 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 \_\_\_\_\_