



# Time Trial Official

## License Application

Please read instructions carefully prior to completing application.  
License renews automatically with membership renewal.

Use this form only for new license applications, upgrade requests,  
or failure to meet renewal requirements.

Office Use Only
Date Rcvd _____

Please complete the following:

Change of Address? Yes \_\_\_\_\_

Membership No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

For more information about Renewal/Upgrade go to SCCA.com, and see "Time Trial Rules"

**TO UPGRADE YOUR LICENSE(S) COMPLETE THE REVERSE SIDE**

**LICENSE APPLICATION**

SPECIALTY	APPRENTICE	OFFICIAL	SPECIALIST
Time Trial Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Chief Driving Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Chief Steward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Tech Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Safety Steward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Course Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RENEWAL PARTICIPATION REQUIREMENTS\***  
(Automatic with Membership Renewal)

**SPECIALIST:** Two events at SCCA Sanctioned events in the preceding 12 months.

**OFFICIAL:** Two events at SCCA Sanctioned events in the preceding 12 months.

**DIVISIONAL MANAGER**  
(Signature needed for participation of requirements not met)

Application approved by:

\_\_\_\_\_  
Time Trial Divisional Program Manager Date \_\_\_\_\_

I hereby certify that the information above is correct. I realize any falsification will result in the loss of the above-indicated license. Additionally, I certify that I am familiar with the SCCA rules and regulations governing the use of the above-indicated license and I agree to abide by those rules and regulations and all applicable SCCA policies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL LICENSE APPLICATION TO:

**SCCA Member Services - P.O. Box 19400, Topeka, KS 66619-0400 - 1-800-770-2055 - 785-232-7215 Fax - www.scca.com**

\* If you have NOT met the renewal participation requirements, please contact your Divisional Time Trial Program Manager for approval.

# SCCA Time Trial Officials License Upgrade

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR THE LICENSE(S) UPGRADE YOU ARE REQUESTING AND FORWARD THIS APPLICATION TO YOUR DIVISIONAL TIME TRIAL PROGRAM MANAGER FOR APPROVAL.

NAME: \_\_\_\_\_

SPECIALTY	APPRENTICE	OFFICIAL	SPECIALIST
Time Trial Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Chief Driving Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Chief Steward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Tech Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Safety Steward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Course Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### RECORD OF PARTICIPATION

DATE	EVENT	SPECIALTY

### DIVISIONAL TIME TRIAL PROGRAM MANAGER

Application approved for (check one):    Official       Specialist

Signature: \_\_\_\_\_

Please forward this application to the SCCA Member Services Department for approval within one week after receiving.

**ATTENTION:  
DIVISIONAL PROGRAM MANAGER, SAFETY MANAGER, REGIONAL EXECUTIVE**

**\*UNAPPROVED APPLICATIONS\***

**PLEASE FORWARD A LETTER OF EXPLANATION TO DENIED APPLICANTS AND COPY TO THE SCCA MEMBER SERVICES DEPARTMENT.  
-THANK YOU-**