



Stewards' License Application

Please read instructions carefully prior to completing application.

Office Use Only

Date Received _____

Please complete the following:

Change of Address? Yes _____

Member #: _____ Exp. Date: _____ Region of Record: _____ Division: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

RECORD OF STEWARD PARTICIPATION IN THE PAST 12 MONTHS

Additional Space on Reverse Side

| Location | Date(s) | Event type | Official Capacity |
|----------|---------|------------|-------------------|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

CURRENT LICENSE(S) Check Box

☐ Senior Steward ☐ National Steward ☐ Divisional Steward ☐ Regional Steward ☐ SIT

LICENSE(S) APPLIED FOR Check Box

☐ Senior Steward ☐ National Steward ☐ Divisional Steward ☐ Regional Steward ☐ SIT

TO BE COMPLETED BY EXECUTIVE STEWARD

APPLICATION APPROVED FOR:

☐ Senior Steward ☐ National Steward ☐ Divisional Steward ☐ Regional Steward ☐ SIT

Executive Stewards Signature _____ Division _____ Date _____

If any requirements are waived, please attach explanation to this form.

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: _____

FORWARD APPLICATIONS TO YOUR DIVISION'S EXECUTIVE STEWARD

Biographical Data

Name: _____

Member #: _____ Occupation: _____

Regional Offices Held and Dates

National Offices Held and Dates

Brief History as a Steward

Competition Experience and License(s) Held:

Additional Space for Record of Steward Participation in the Past 12 Months

Applicant's Signature: _____ Date: _____