

SCCA USE ONLY

ACCUS[®]



ACCUS USE ONLY

License Type: _____

Date Received: _____

Paid By: _____

Instructions

Fees:

- ☐ **\$350** FIA Entrant License
- ☐ **\$150** International Competition Authorization (required for event participation outside of the U.S. A.)
- ☐ **\$75** Expedited - Overnight shipping fee (includes scanned pdf of license if requested) (ACCUS)
- ☐ **\$75** Overnight Shipment (SCCA)
- ☐ **\$75** Lost/stolen/upgrade or replacement license (CHECK ONLY payable to: ACCUS-FIA)

2024

APPLICATION FOR AN FIA **ENTRANT'S** LICENSE

I, the undersigned, hereby apply for an FIA **Entrant's** License to be issued by the Automobile Competition Committee for the United States (FIA), Inc.

(Please Print or Type)

Name of Individual or Representative: _____

Team Name to appear on License: _____

Company Name (if any): _____

Permanent Address: Street _____

City: _____ State: _____ Zip: _____

Telephone Number (Mobile): _____ (Office): _____

Date of Birth: _____ E-Mail Address _____

Are you a U.S. citizen? Yes ☐ No ☐ If not, what country*: _____

If you have previously held an FIA **Entrant's** License provide:

Number: _____ Year: _____

Signature (License Holder): _____ **Date:** _____

Conditions of FIA Licenses:

For entering a car, an Entrant's License is required. For driving a car, a Driver's License is required. If entrant and driver are one and the same, both an Entrant and Driver License must be held. Licenses are valid for the calendar year only, unless otherwise suspended, revoked or extended. Applications for New and Renewal licenses will be provided by the Member Clubs of ACCUS. An FIA Entrant's License is not transferable, under penalty of revocation of the license.

If you are participating in an event outside of the U.S. please be aware of all FIA International Sporting Code regulations found on the FIA website at www.fia.com

Club Endorsement and Temporary License:

Approved by: _____ Date: _____

THIS TEMPORARY LICENSE IS VALID FOR 30 DAYS FROM THIS DATE

AUTOMOBILE COMPETITION COMMITTEE FOR THE UNITED STATES (FIA), INC.



Credit Card Authorization Form

Payment Amount: \$ _____

Payment Method:				
Check <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>

Make check payable to: SCCA

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Name on card:	
Credit Card #:	
Expiration:	CVV:
SCCA Membership Number:	
Authorized Signature:	

Submission of documents

6620 SE Dwight St., Topeka, KS 66619 / membership@scca.com / (800)770-2055 / Fax (785)232-7213