



Rally America License Application

Name: Last: _____ First: _____ MI: _____

Phonetic Pronunciation: _____ Nickname: _____

Address: _____

City: _____ State: _____ Country: _____

Zip: _____ Phone: _____

E-Mail: _____ Drivers License Number: _____

Date of Birth: _____ State: _____ Exp. Date: _____

Official Use Only	
Date Rcvd:	_____
\$ Rcvd:	_____
Chk #:	_____
Auth:	_____

Please e-mail a digital photo of yourself to: licensing@rally-america.com

License Type:

Driver Renewal New/Novice New/Experienced (Include Supporting Documentation)

Co-Driver Renewal New

License Fee: (Check only ONE)

- National \$200
- Eastern Region \$100
- Central Region \$100
- Northwest Region \$100
- Southwest Region \$100
- FIA Admin Fee \$ 25 Include copy of current FIA license w/ application
- CARS Admin Fee \$ 40 Include copy of current CARS license w/ application

Method of Payment

Check Cash Credit Card

Visa / Mastercard (only) Acct# _____ Exp, _____

SEE PHYSICAL EXAMINATION REQUIREMENTS ON REVERSE SIDE

Have you been treated for, have you ever had, or have now, any of the conditions below?

Please attach an explanation on a separate page for any YES answers or conditions not listed.

YES	NO	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches; concussion or head injury; memory loss
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures; dizziness / fainting (syncope); numbness or tingling in arms and hands or legs and feet
<input type="checkbox"/>	<input type="checkbox"/>	Vision / eye problems (other than wearing glasses or contacts)
<input type="checkbox"/>	<input type="checkbox"/>	Heart attack / coronary artery disease, angina, murmurs or valve disease, abnormal rhythms or bundle branch blocks, palpitations, high blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	With mild exercise do you get fatigue, short of breath, wheezing, dizzy, pain in legs, swelling in legs or feet
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, COPD/Emphysema or other respiratory problems
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, thyroid disease
<input type="checkbox"/>	<input type="checkbox"/>	Blood or bleeding problems
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, seasonal or environmental allergies
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety, depression, mental health problems; any alcohol or drug problems
<input type="checkbox"/>	<input type="checkbox"/>	A history illness related to heat or cold exposure (heat stroke, frostbite etc)
<input type="checkbox"/>	<input type="checkbox"/>	Amputations, Physical Disability, use special devices (joint race, hearing aid)
<input type="checkbox"/>	<input type="checkbox"/>	Strains, sprains, swelling w/ injury, any broken bones, dislocated joints, swelling in muscles, joints or tendons
<input type="checkbox"/>	<input type="checkbox"/>	Operations involving Eyes, Brain, Heart, Nerves, Blood vessels or Bones
<input type="checkbox"/>	<input type="checkbox"/>	Previous denials/waivers for a racing license due to medical reasons
<input type="checkbox"/>	<input type="checkbox"/>	Admission to a hospital with in the past 12 months
<input type="checkbox"/>	<input type="checkbox"/>	Any automobile accident, including racing, in the past 2 years?

This is to certify that the above statements are true and accurate. I also give permission to any physician, hospital or institution, to furnish any information relative to my medical conditions to the Rally America Medical Board.

Applicant's Signature: _____ Date: _____