



Stewards' License Application

Please read instructions carefully prior to completing application.

Office Use Only

Date Rcvd _____

Please complete the following:

Change of Address? Yes _____

Membership No: _____ Expiration Date: _____ Region of Record: _____ Division: _____
Name: _____ Addr: _____
City: _____ State: _____ Zip: _____
Phone: (H) (____) _____ W) (____) _____ Email: _____

RECORD OF STEWARD PARTICIPATION IN THE PAST 12 MONTHS

Additional Space on Reverse Side

Location _____ Date _____ Event Type _____ Official Capacity _____

CURRENT LICENSE(S) Check Box

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

LICENSE(S) APPLIED FOR Check Box

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

TO BE COMPLETED BY EXECUTIVE STEWARD

APPLICATION APPROVED FOR:

Senior Nat'l Series C/S Nat'l Chief Nat'l Div'l Chief Div'l Chief Nat'l Div'l SIT

Executive Stewards Signature

Division

Date

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

TO BE COMPLETED BY CHAIRMAN OF THE STEWARDS' PROGRAM

Nat'l Series Chief Steward

Chairman of The Stewards' Program Signature

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: _____

FORWARD APPLICATIONS TO YOUR DIVISION'S EXECUTIVE STEWARD

