



Application for Reciprocal Competition Licensing

Driver information Name: _____
 Address: _____
 Telephone: _____
 Email: _____

Race vehicle description to be raced with VARA: _____

Years of experience including sanctioning body and race vehicle type:

Current licensing organization(s), list each current sanctioning body:

1. _____
2. _____
3. _____

Driver history past and present, date and brief description:

1. probationary actions:

2. suspensions:

3. vehicle contact, fault or no fault, single or multiple race vehicle:

SIGNATURE OF AUTHORIZATION FROM CURRENT OR MOST RECENT SANCTIONING BODY

Licensing representative:

Name print: _____ Signature: _____

Contact information:

Address: _____

 Telephone: _____
 Email: _____

A wet signature copy of this form must be returned by the aforementioned Licensing representative, directly to the VARA address listed below.