



## 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.*