

# NASA COMPETITION LICENSE APPLICATION

*Please complete the appropriate sections below and submit to the NASA National Office*

Membership Number \_\_\_\_\_ Local NASA Chapter \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## **First Time NASA Competition License**

- Rookie Permit or Provisional is attached.
- Medical Evaluation is attached. Expiration Date: \_\_\_\_\_  
Required medical evaluation schedule: Racers under 40 – every 5 years; 40-49 – every 3 years, 50-70 every 2 years, 70+- every year
- EKG Tracing printout if over the age of 45
- A copy of my state driver's license is attached.

## **NASA Competition License Renewal**

- Medical Evaluation is attached. Expiration Date: \_\_\_\_\_  
OR
- Medical Evaluation is on file. Expiration Date: \_\_\_\_\_
- Required medical evaluation schedule: Racers under 40 – every 5 years; 40-49 – every 3 years, 50-70 every 2 years, 70+- every year
- EKG Tracing printout if over the age of 45 if not previously submitted to NASA

## **NASA Competition License "School Requirement" Waiver – requires license from another sanctioning body**

- I have been licensed by another sanctioning body.  
Sanctioning Body: \_\_\_\_\_ License Exp.: \_\_\_\_\_
- Copy of Competition License is attached.
- Medical Evaluation is attached. Expiration Date: \_\_\_\_\_
- A copy of my state driver's license is attached.
- Brief Driver / Race Resume

**Please submit the above required documents using one of the options below:**

1. Upload to your profile: <https://nasaproracing.com/account/uploads>
2. Email to: [medicals@drivenasa.com](mailto:medicals@drivenasa.com)
3. Fax: 510-277-0657
4. Mail to: NASA-Licensing, P.O. Box 2366, Napa Valley, CA 94558

Driver Signature \_\_\_\_\_

Date \_\_\_\_\_