

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://nasaproring.com/account/uploads>
2. Email to: medical@drivenasa.com
3. Fax: 510-277-0657
4. Mail to: NASA-Licensing, 7065 W. Ann Rd. #130-432, Las Vegas, NV, 89130

Driver Signature _____

Date _____