

# NHRA Pro/SPORTSMAN COMPETITION LICENSE APPLICATION

THIS APPLICATION IS LIMITED TO APPLICANTS 18 YEARS AND OLDER

- New Applicant   
  Renew (on time/less than 2 years exp)   
  Upgrade/Crossgrade or Add Category   
  Transfer

## SECTION 1

PLEASE CHECK HERE IF NEW ADDRESS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

State Driver's Lic #: \_\_\_\_\_ Exp: \_\_\_\_\_

Corrective Lens Required While Driving?  Yes  No

NHRA Membership Acct #: \_\_\_\_\_

If renewing list current / previous Competition License Number(s): \_\_\_\_\_

If renewing list last date of competition at NHRA Member Track \_\_\_\_\_

## SECTION 2

Circle the highest qualified license types & levels:

| Pro/Sportsman                  | Type A<br>over 125' wheelbase | Type B<br>up to 125' wheelbase | Type C | Type D       |
|--------------------------------|-------------------------------|--------------------------------|--------|--------------|
| Level 2                        | TAD, NTF                      | TAFC, NFC                      | PM     | TFH, PFH     |
| Level 3<br><7.49 or Comp/TS/TD | COMP, TD, AdvET               | COMP, TD, TS AdvET             | HU     | AdvETM       |
| Level 4<br>7.50 - 9.99         | SC, ET                        | SC, SG, SST, SS, STK. ET       | --     | ETM, SM, ATV |
| Level 5<br><135 mph & >10.00   | --                            | SST, SS, STK                   | JrM    | ETM, SM, ATV |

Select the requested categories:

- AdvET     ET\*\*     NTF     SG     Stk     TFH  
 AdvETM     ETM\*\*     PFH     SM\*\*     TAD     TS  
 ATV\*\*     HU     PM     SS     TAFC     JrM  
 COMP     NFC     SC     SST     TD     JC

\*\* ET / ETM / SM / ATV are add-on categories only. \*\*

If only registering these categories contact division office for Sportsman License Application.

## SECTION 3

**APPLICANT'S AFFIRMATION & AGREEMENT:** I affirm that I have read, understand and agree to be bound by all NHRA rules, regulations and agreements including, but not limited to, those contained in the applicable NHRA Rulebook, with specific reference, but not limited to the rules regulations and agreements contained in the Administrative Procedures and Appeals Section of the applicable Rulebook which are incorporated herein by reference. I know that the NHRA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of drag racing is a privilege, not a right, and I wish to participate in accordance with all of the foregoing. I further affirm all of the following: Drag racing is a dangerous sport. There is no such thing as a guaranteed safe drag race. Drag racing always carries with it the risk of serious injury or death in any number of ways. This risk will always exist no matter how much everyone connected with drag racing tries to make our sport safer. Although NHRA works to promote and enhance the safety of the sport, there are no guarantees that such safety measures will ensure my safety. I as the participant always have the responsibility for my own safety, and by participating in drag racing, I am accepting all risks of injury, whether due to negligence, vehicle failure, or otherwise. If at any time I do not accept these risks, I will not participate in drag racing. I understand the NHRA Competition license is issued solely for participation in drag racing on NHRA Member Tracks.

**APPLICANT'S MEDICAL ACKNOWLEDGMENT:** I do hereby state and affirm that I am in good health and physically and mentally able to participate in all the activities associated with competing in NHRA Drag Racing to the best of my knowledge. I understand that drag racing is strenuous, stressful, and includes all of the risks and dangers that face any vehicle racer. I am free of physical and mental impairments that could be aggravated by participating in NHRA drag racing events, and which could place me, my competitors, spectators and others in attendance in danger of harm. I have not concealed any possible physical or mental condition which could place me, my competitors, spectators and others in attendance in danger of harm. Without limiting the foregoing, I state and affirm that I am not subject to any of the following: fainting, loss of balance, hemophilia or any clotting disorder, loss of muscular coordination, seizures, psychosis, or impaired and uncorrected vision. I state and affirm that I have read and understand the following list of medications and/or substances which are not allowed to be used by any participant: certain blood thinners, amphetamines, cocaine, marijuana (cannabis, THC), opiates and phencyclidine (PCP), and that I am not using any of these substances and will not use any of these substances while I am licensed. I state and affirm that if anything in the foregoing Medical Acknowledgement changes I will not race unless I have contacted NHRA and received permission to do so, and that I will cooperate in providing any information needed for NHRA to make such a decision, including without limitation undergoing a physical examination or other testing.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

- Occasionally, NHRA allows carefully selected companies to use its mailing list.  
 If you wish not to be included in these mailings put an X in this box

## SECTION 4

(make, model, & wheelbase)

Type Of Vehicle Used For The Runs \_\_\_\_\_

Cockpit Orientation Test  PASS  FAIL  
witnessed by NHRA licensed driver or track official:

1. HALF PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

2. MODERATE PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

3. MODERATE PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

4. MODERATE PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

5. FULL PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

6. FULL PASS ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

LICENSED DRIVER 1: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

LICENSED DRIVER 2: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

# NHRA Pro/SPORTSMAN COMPETITION LICENSE APPLICATION

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## SECTION 5 – ALL PAYMENTS MUST BE IN U.S. FUNDS (ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

**METHOD OF PAYMENT:** ENCLOSED IS A  CHECK OR  MONEY ORDER IN THE FULL AMOUNT (payable to NHRA. U.S. Funds Only-NO CASH)  
CHARGE MY:  VISA  M/C  AMEX  DISCOVER

Amount to Charge on Credit Card: \$ \_\_\_\_\_ .00 Card # \_\_\_\_\_ EXP: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Print Name as it appears on the card: \_\_\_\_\_ Signature \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

| NHRA COMPETITION LICENSE & MEMBERSHIP FEES            |                                | 2-YEARS<br>LEVEL 2/3/4/5 | 1-YEAR<br>LEVEL 5 ONLY              |
|---|--------------------------------|--------------------------|-------------------------------------|
| NHRA License & Number; First Category (Level 2, 3, 4) | <input type="checkbox"/>       | \$ 240.00                | -- N/A --                           |
| NHRA License & Number; First Category (Level 5 only)  | <input type="checkbox"/>       | \$ 210.00                | <input type="checkbox"/> \$ 120.00  |
| Each Additional Category                              | QTY <input type="checkbox"/> X | \$ 20.00                 | <input type="checkbox"/> X \$ 10.00 |

  

| SELECT A NHRA NATIONAL DRAGSTER PUBLICATION TYPE  |                                | 2-YEARS<br>LEVEL 2/3/4/5 | 1-YEAR<br>LEVEL 5 ONLY                 |
|---|--------------------------------|--------------------------|--|
| Print & Digital Membership (US)                   | <input type="checkbox"/> INCL. | \$ 0.00                  | <input type="checkbox"/> INCL. \$ 0.00 |
| Additional Postage (Can/Mex)                      | <input type="checkbox"/> ADD   | \$ 36.00                 | <input type="checkbox"/> ADD \$ 18.00  |
| Additional Postage (Foreign)                      | <input type="checkbox"/> ADD   | \$ 96.00                 | <input type="checkbox"/> ADD \$ 48.00  |
| DIGITAL ONLY Membership (US, Can/Mex, or Foreign) | <input type="checkbox"/> INCL. | \$ 0.00                  | <input type="checkbox"/> INCL. \$ 0.00 |

  

| OTHER NHRA COMPETITION LICENSE FEES |                          | 2-YEARS<br>LEVEL 2/3/4/5 | 1-YEAR<br>LEVEL 5 ONLY |
|-------------------------------------|--------------------------|--------------------------|------------------------|
| Replacement/lost or stolen license  | <input type="checkbox"/> | \$ 10.00                 |                        |

**TOTAL DUE \$ \_\_\_\_\_ .00**

### FOR OFFICIAL NHRA USE ONLY

Rcv'D: \_\_\_\_\_ AUTH. BY: \_\_\_\_\_

ACCT. #: \_\_\_\_\_ MED DATE: \_\_\_\_\_ CLR: Y N

LIC. CODE: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

TOTAL AMT. ENCLOSED: \$ \_\_\_\_\_ NFO \$ \_\_\_\_\_ ND \$ \_\_\_\_\_

CHECK #: \_\_\_\_\_ VS / MC / AX / DR: \_\_\_\_\_

COMP #'S: \_\_\_\_\_

NOTES: \_\_\_\_\_

**\*\*CALL DIVISION OFFICE IF YOU HAVE CURRENT NHRA MEMBERSHIP\*\***

**MANDATORY NHRA MEMBERSHIP IS INCLUDED FOR ALL NHRA REGISTERED COMPETITORS**

*Includes NHRA National DRAGSTER & excess medical insurance.*

*Excess medical insurance benefits listed at [www.nhra.com/insuranceinfo.aspx](http://www.nhra.com/insuranceinfo.aspx). Coverage may be different outside the US.*

**For full license instructions & regulations visit [WWW.NHRARACER.COM](http://WWW.NHRARACER.COM).**

**Mail completed application to respective division office. Please allow a minimum of 2 – 3 weeks for processing.**

### NORTHEAST DIVISION 1

CT; DE; DC; ME; MD; MA; NH; NJ; NY; PA; RI; VT; WV;  
ON & QB Canada

**Dave Mohn – Division Director**

2420 Gehman Road Suite 200, Lancaster Pa. 17602

P. (717) 584-1200 | F. (717) 390-3052

[dmohn@nhra.com](mailto:dmohn@nhra.com)

### SOUTHEAST DIVISION 2

AL; FL; GA; MS; NC; SC; TN; VA;  
PR

**Rich Schaefer - Division Director**

11223 N. County Road 225, Gainesville, Fl. 32609

P. (352) 374-9922 | F. (352) 372-0418

[rschaefer@nhra.com](mailto:rschaefer@nhra.com)

### NORTH CENTRAL DIVISION 3

IL; IN; KY; MI; OH; WI;  
ON, Canada

**William Tharpe - Division Director**

PO BOX 34300, Indianapolis, In. 46234

P. (317) 969-8890 | F. (317) 291-4220

[wtharpe@nhra.com](mailto:wtharpe@nhra.com)

### SOUTH CENTRAL DIVISION 4

AR; LA; NM; OK; TX;  
Mexico

**Trey Capps - Division Director**

12959 Jupiter Road Suite 240, Dallas, Tx. 75238

P. (469) 248-0014 | F. (469) 248-0024

[tcapps@nhra.com](mailto:tcapps@nhra.com)

### WEST CENTRAL DIVISION 5

CO; IA; KS; MN; MO; NE; ND; SD; WY  
MB, Canada

**Rob Park - Division Director**

3720 Arrowhead Ave, Ste 103, Independence, Mo. 64057

P. (816) 795-8055 | F. (816) 795-0515

[rpark@nhra.com](mailto:rpark@nhra.com)

### NORTHWEST DIVISION 6

AK; ID; MT; OR; WA  
AB, BC, & SK, Canada

**Matt Levonos - Division Director**

8412 Myers Rd E #305, Bonney Lake, Wa. 98391

P. (253) 446-6594 | F. (253) 446-6683

[mlevonos@nhra.com](mailto:mlevonos@nhra.com)

### PACIFIC DIVISION 7 / NATIONAL FIELD OFFICE

AR; CA; HI; NV; UT  
Mexico & International

**Mike Rice - Division Director**

2035 Financial Way, Glendora, Ca. 91741

P. (626) 914-4761 | F. (626) 466-9089

[mrice@nhra.com](mailto:mrice@nhra.com)

# APPLICATION FOR DRIVER'S MEDICAL CERTIFICATE



**APPLICANT'S FULL NAME & ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

## PHYSICAL EXAMINATION

### INSTRUCTIONS FOR MEDICAL PHYSICIAN AND APPLICANT

1. This medical certificate must be completed by an M.D. or D.O. only.
2. This examination is for a driver's racing competition license.
3. M.D. or D.O. must complete medical history information.
4. Record your medical findings.
5. Application will be returned if any information is incomplete.
6. Reverse side of this form to be completed in full. If unable to complete or obtain any findings, refer patient to a second physician and attach any supplements.
7. M.D. or D.O. must sign reverse side of this form.
8. Application and attachments must be in English.
9. EKG required at age 55 and older, copy must be attached.
10. Attach all findings, consults, ECG, EKG, x-rays to this report.
11. Return completed original form to applicant. Copies not accepted.
12. LICENSE WILL BE VALID FOR TWO YEARS FROM THE MONTH OF THE PHYSICAL. (TOP FUEL AND FUNNY CAR VALID FOR ONE YEAR; ANNUAL RENEWAL)
13. Any matter, including without limitation any conditions or medications, in this examination may be referred to an NHRA medical consultant for review, and may be cause for rejection.

## MEDICAL HISTORY

*This should include any and all changes within the last two years*

**HAVE YOU EVER HAD OR HAVE NOW ANY OF THE FOLLOWING:** (For each "yes" checked, describe and date condition in remarks)

| Yes                      | No                       | Condition                         | Yes                      | No                       | Condition                             | Yes                      | No                       | Condition                          | Yes                      | No                       | Condition   |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Frequent or severe headaches   | <input type="checkbox"/> | <input type="checkbox"/> | g. Heart trouble/Pacemaker            | <input type="checkbox"/> | <input type="checkbox"/> | m. Nervous trouble of any sort     | <input type="checkbox"/> | <input type="checkbox"/> | s. Medical rejection from or for military service |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Dizziness or fainting spells   | <input type="checkbox"/> | <input type="checkbox"/> | h. High or low blood pressure         | <input type="checkbox"/> | <input type="checkbox"/> | n. Any drug or narcotic habit      | <input type="checkbox"/> | <input type="checkbox"/> | t. Rejection for life insurance                   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Unconsciousness for any reason | <input type="checkbox"/> | <input type="checkbox"/> | i. Stomach trouble                    | <input type="checkbox"/> | <input type="checkbox"/> | o. Excessive drinking habit        | <input type="checkbox"/> | <input type="checkbox"/> | u. Admission to hospital                          |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Eye trouble except glasses     | <input type="checkbox"/> | <input type="checkbox"/> | j. Kidney stone or blood in urine     | <input type="checkbox"/> | <input type="checkbox"/> | p. Attempted suicide               | <input type="checkbox"/> | <input type="checkbox"/> | v. D.U.I.   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Asthma/Hay fever               | <input type="checkbox"/> | <input type="checkbox"/> | k. Sugar or albumin in urine/Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | q. Motion sickness requiring drugs | <input type="checkbox"/> | <input type="checkbox"/> | w. Alcohol/Drug convictions                       |
| <input type="checkbox"/> | <input type="checkbox"/> | f. History of fractures           | <input type="checkbox"/> | <input type="checkbox"/> | l. Epilepsy or fits/Seizures          | <input type="checkbox"/> | <input type="checkbox"/> | r. Military medical discharge      | <input type="checkbox"/> | <input type="checkbox"/> | x. Other illnesses                                |

REMARKS: (For each "yes" checked, describe and date condition)

### MEDICAL TREATMENT INCLUDING SURGICAL PROCEDURES WITHIN THE LAST 5 YEARS (continue on additional page if necessary)

| Date | Name and Address of Physician Consulted | Reason |
|------|---|--------|
|      |   |        |
|      |   |        |
|      |   |        |

**APPLICANT'S CERTIFICATION, AFFIRMATION & AGREEMENT:** I hereby certify that all statements and answers provided by me in this examination form are true and complete, and I agree that they are to be considered part of the basis for issuance of any NHRA certificate or license to me. I understand and agree that if I give any untruthful information on this form, I forfeit any and all privileges to participate in any and every aspect of the sport of drag racing. I affirm that I have read, understand and agree to be bound by all NHRA rules, regulations and agreements including, but not limited to, those contained in the applicable NHRA Rulebook, with specific reference, but not limited to the rules regulations and agreements contained in the Administration Procedures and Appeals Section of the applicable Rulebook which are incorporated herein by reference. I know that the NHRA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of drag racing is a privilege, not a right, and I wish to participate in accordance with all of the foregoing. I further affirm all of the following: Drag racing is a dangerous sport. There is no such thing as a guaranteed safe drag race. Drag racing always carries with it the risk of serious injury or death in any number of ways. This risk will always exist no matter how much everyone connected with drag racing tries to make our sport safer. Although NHRA works to promote and enhance the safety of the sport, there are no guarantees that such safety measures will guarantee or ensure my safety. I as the participant always have the responsibility for my own safety, and by participating in drag racing, I am accepting all risks of injury, whether due to negligence, vehicle failure, or otherwise. If at any time I do not accept these risks, I will not participate in drag racing. I understand the NHRA Competition Number is issued solely for participation in drag racing on NHRA Member Tracks.

**APPLICANT'S ACKNOWLEDGEMENT OF RESTRICTED MEDICATIONS:** I state and affirm that I have read and understand the following classifications of medications and/or substances that are not allowed for use by any participant: all blood thinners, amphetamines, cocaine, marijuana (cannabis, THC), opiates and phencyclidine (PCP). NOTE: I understand that if there is a possibility that I have taken a medically prescribed Prohibited Substance, it is my responsibility to inform the NHRA National Field Office so that a medical review can be undertaken to determine whether it is acceptable or not. I understand that NHRA's Supervisor of Medical Affairs will make final decisions concerning medical drug clearance issues. I will cooperate in facilitating the medical review including without limitation providing requested medical records and undergoing a physical exam or other testing. I understand that this list of Prohibited Substances in Section 1.7 is for the purposes of this Substance Abuse Policy only and does not limit the substances medically reviewed and allowed or disallowed for purposes of licensure and other participation in NHRA racing, and that further information is in the NHRA Rulebook Section 1.6.1 regarding licensure.

SIGNATURE OF APPLICANT (In ink) \_\_\_\_\_

DATE \_\_\_\_\_

|     |               |        |        |      |      |     |
|-----|---------------|--------|--------|------|------|-----|
| AGE | DATE OF BIRTH | HEIGHT | WEIGHT | HAIR | EYES | SEX |
|-----|---------------|--------|--------|------|------|-----|

APPLICANT'S NAME \_\_\_\_\_

**REPORT OF MEDICAL EXAMINATION** *(Please type or print)*

|                                  |                          |                          |  |  |
|----------------------------------|--------------------------|--------------------------|--|--|
| <b>NORMAL</b><br><b>ABNORMAL</b> | <input type="checkbox"/> | <input type="checkbox"/> | <b>CHECK EACH ITEM IN APPROPRIATE COLUMN</b> (Enter NE if not evaluated) | NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form. |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
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|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
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|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

|   |                       |   |  |  |             |           |           |     |     |          |     |     |           |     |     |
|---|-----------------------|---|--|--|-------------|-----------|-----------|-----|-----|----------|-----|-----|-----------|-----|-----|
| <b>25. BLOOD PRESSURE</b> <small>(Sitting MM Mercury)</small> | <b>26. HEART RATE</b> | <b>27. FIELD OF VISION (Peripheral)</b>   | <b>28. DISTANT VISION (Must have BOTH findings)</b>  |  |             |           |           |     |     |          |     |     |           |     |     |
| Systolic  | Resting Pulse         | <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL                 | <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>UNCORRECTED</td> <td>CORRECTED</td> </tr> <tr> <td>Right Eye</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>Left Eye</td> <td>20/</td> <td>20/</td> </tr> <tr> <td>Both Eyes</td> <td>20/</td> <td>20/</td> </tr> </table> |  | UNCORRECTED | CORRECTED | Right Eye | 20/ | 20/ | Left Eye | 20/ | 20/ | Both Eyes | 20/ | 20/ |
|   | UNCORRECTED           | CORRECTED   |  |  |             |           |           |     |     |          |     |     |           |     |     |
| Right Eye   | 20/                   | 20/   |  |  |             |           |           |     |     |          |     |     |           |     |     |
| Left Eye  | 20/                   | 20/   |  |  |             |           |           |     |     |          |     |     |           |     |     |
| Both Eyes   | 20/                   | 20/   |  |  |             |           |           |     |     |          |     |     |           |     |     |
| Diastolic   |                       | <b>29. Corrective Lens REQUIRED While Driving</b>                                 |  |  |             |           |           |     |     |          |     |     |           |     |     |
|   |                       | <input type="checkbox"/> NO* <input type="checkbox"/> YES                         |  |  |             |           |           |     |     |          |     |     |           |     |     |
|   |                       | <small>*If previously "Yes," please include an explanation of the change.</small> |  |  |             |           |           |     |     |          |     |     |           |     |     |

|   |   |  |          |  |  |  |   |         |             |       |          |  |  |  |  |  |
|---|---|--|----------|--|--|--|---|---------|-------------|-------|----------|--|--|--|--|--|
| <b>30. URINALYSIS</b> <small>(If sugar is positive see #31.)</small>  | <b>31. BLOOD SUGAR TEST</b> <small>(Both Fasting &amp; 2 Hour Post Prandial, required only if sugar is found in urine. No S.I. Units)</small> |  |          |  |  |  |   |         |             |       |          |  |  |  |  |  |
| <table border="1" style="width: 100%;"> <tr> <td>SUGAR</td> <td>ALBUMIN/PROTEIN</td> <td>BLOOD</td> </tr> <tr> <td><input type="checkbox"/> NO   <input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO   <input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO   <input type="checkbox"/> YES</td> </tr> </table> | SUGAR   | ALBUMIN/PROTEIN  | BLOOD    | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> YES | <table border="1" style="width: 100%;"> <tr> <td>FASTING</td> <td>2-HOUR P.P.</td> <td>HgA1C</td> <td>COMMENTS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | FASTING | 2-HOUR P.P. | HgA1C | COMMENTS |  |  |  |  |  |
| SUGAR   | ALBUMIN/PROTEIN   | BLOOD  |          |  |  |  |   |         |             |       |          |  |  |  |  |  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES  | <input type="checkbox"/> NO <input type="checkbox"/> YES  | <input type="checkbox"/> NO <input type="checkbox"/> YES |          |  |  |  |   |         |             |       |          |  |  |  |  |  |
| FASTING   | 2-HOUR P.P.   | HgA1C  | COMMENTS |  |  |  |   |         |             |       |          |  |  |  |  |  |
|   |   |  |          |  |  |  |   |         |             |       |          |  |  |  |  |  |

|                        |  |
|------------------------|--|
| <b>32. OTHER TESTS</b> | <b>33. DISQUALIFYING DEFECTS/LIMITATIONS</b> |
|------------------------|--|

**34. COMMENTS ON HISTORY AND FINDINGS, RECOMMENDATIONS** (INCLUDE SPECIFIC MEDICAL CONDITION AND MEDICATIONS CURRENTLY PRESCRIBED)

**35. EKG**  
**CURRENT EKG REQUIRED AT AGE 55 AND OLDER** | EKG must be dated within six months of this exam. | EKG must not reflect any abnormalities that would preclude the patient from racing. | ATTACH all findings, consults, ECG, X-rays, etc. to this report before mailing.

**35.a EKG (Date)**

|    |    |    |   |
|----|----|----|---|
| MM | DD | YY | <input type="checkbox"/> NORMAL<br><input type="checkbox"/> ABNORMAL                  |
|    |    |    | <b>HEART TROUBLE WITHIN 2 YEARS, MUST SUBMIT RECENT EKG AND CARDIOLOGIST RELEASE.</b> |

**36. PLEASE CHECK ONE**

PHYSICALLY ACCEPTABLE

FURTHER EVALUATION REQUIRED *(Explain)*

**37. MEDICAL PHYSICIAN/D.O. DECLARATION:** I hereby certify that I personally examined the applicant named on this medical report and that this report and any attachment embodies my findings completely and correctly. I have also reviewed the medical history on reverse side of form.

|                            |  |  |
|----------------------------|--|--|
| <b>DATE OF EXAMINATION</b> | <b>MEDICAL PHYSICIAN SIGNATURE &amp; STATE LICENSE NUMBER (MD/DO ONLY)</b> | <b>MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS &amp; PHONE (TYPE OR PRINT)</b> |
|                            |  |  |

# NHRA COMPETITION LICENSE DIRECTIONS

The license issued by NHRA is to be used only by the driver to whom it is assigned and it is restricted to the categories listed on the license. The license is valid until its expiration date or until revoked by NHRA. The license is intended only to signify that the driver has demonstrated basic qualifications for drag racing classes up to and including the one in which the driver has qualified. The license does not convey a right but rather conveys a revocable privilege to participate in events.

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## NEW DRIVER REQUIREMENTS

- Complete Sections 1-3.
- Before Section 4: The applicant will inform the track manager and/or duly authorized track official of intent, and will then arrange for two (2) currently licensed drivers (of equal class or above class or as appointed by the NHRA Division Director) and an authorized track official to observe each test run. Signatures of observers and times must be filled in after each run.
- Section 4: The following tests are required:
  - ✓ All NHRA Level 1-3 License applicants must pass an NHRA physical and present completed original physical examination form to authorized track official before test runs are made.
  - ✓ A special cockpit orientation test ("blindfold" test) will be conducted by licensed driver or track official.
  - ✓ All test runs will be single runs. No side-by-side runs on test sessions. Test runs must be completed at an NHRA Member Track.
  - ✓ Test runs will be required in the following order:
    1. One half-pass      3. One moderate run      5. One full run\*
    2. One moderate run      4. One moderate run      6. One full run\*
  - ✓ Full runs must be representative performance of the category applying for. License applicants must complete the two full runs at or better than the requested classes minimum elapsed-time and mph standard. Additional runs may be required. New drivers in Level 1 or 2 may be asked to make one or two additional single qualifying runs at an NHRA Championship-type event before entering competition.
- After passing the driver test, the applicant will complete the license application form in full then mail it with original physical examination (physical only required for License Levels 1-3) form and original time slips and form of payment to NHRA for processing.

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## LICENSE RENEWAL REQUIREMENTS

- Complete Sections 1-3.
- All NHRA Level 1-3 License Renewal Applicants are required to pass an NHRA physical.
- Section 4: No runs required for on-time renewal. Late renewals over 2-years expired require new driver requirements, SEE ABOVE.
- Submit by mail original license application, original physical (physical only required for License Levels 1-3), & form of payment to NHRA for processing.

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## LEVEL OR TYPE CHANGE REQUIREMENTS

- Complete Sections 1-3.
- Before Section 4: The applicant will inform the track manager and/or duly authorized track official of intent, and will then arrange for two (2) currently licensed drivers (of equal class or above class or as appointed by the NHRA Division Director) and an authorized track official to observe each test run. Signatures of observers and times must be filled in after each run.
- Level upgrade from 5 or 7 to a Level 1, 2, or 3; see "New Driver Requirements". If applicant upgrading from Level 5 or 7 to Level 4 or 6; track official may waive runs 1-3 if continuing competition in same vehicle. \*Contact Division Office for upgrade fees\*
- Section 4: The following tests are required:
  - ✓ All NHRA Level 1-3 License applicants must pass an NHRA physical and present completed original physical examination form to authorized track official before test runs are made.
  - ✓ A special cockpit orientation test ("blindfold" test) will be conducted by licensed driver or track official.
  - ✓ All test runs will be single runs. No side-by-side runs on test sessions. Test runs must be completed at an NHRA Member Track.
  - ✓ Test runs will be required in the following order:
    4. One moderate run      5. One full run\*      6. One full run\*
  - ✓ Full runs must be representative performance of the category applying for. License applicants must complete the two full runs at or better than the requested classes minimum elapsed-time and mph standard. Additional runs may be required. New drivers in Level 1 or 2 may be asked to make one or two additional single qualifying runs at an NHRA Championship-type event before entering competition.
- After passing the driver test; the applicant will complete the license application form in full then mail it with original physical examination (physical only required for License Levels 1-3) form and original time slips and form of payment to NHRA for processing.

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## TRANSFER LICENSE REQUIREMENTS

- Complete Sections 1-3.
- Section 4: Fill in runs #5 & #6 with two (2) full-pass time slips in class for which you seek a license
  - ✓ Runs must be within the past 12 months at any facility or event. Side-by-side time trials or elimination time slips are accepted.
  - ✓ Validation signatures from one (1) NHRA licensed driver & 1 (one) NHRA Official or NHRA Member Track Authorized Official.  
\*\*If unable to obtain NHRA licensed drivers' signature, contact your respective division office staff prior to submitting application.
  - ✓ Full runs must be representative performance of the category applying for. License applicants must complete the two full runs at or better than the requested classes minimum elapsed-time and mph standard. New drivers in Level 1 or 2 may be asked to make one or two additional single qualifying runs at an NHRA Championship-type event before entering competition.
  - ✓ Copy of current competition license from alternate sanctioning organization.
- After passing the driver test; the applicant will complete the license application form in full then mail it with original physical examination (physical only required for License Levels 1-3) form, copy of current accepted organization's competition license and original time slips and form of payment to NHRA for processing.

*See page 2 for General License Regulations and Requirements.*

# NHRA COMPETITION LICENSE REGULATIONS

The license issued by NHRA is to be used only by the driver to whom it is assigned and it is restricted to the categories listed on the license. The license is valid until its expiration date or until revoked by NHRA. The license is intended only to signify that the driver has demonstrated basic qualifications for drag racing classes up to and including the one in which the driver has qualified. The license does not convey a right but rather conveys a revocable privilege to participate in events.

## GENERAL

- 1) All drivers competing in NHRA License Level 1, 2, 3, 4, 6 and certain Stk, SS, SST classes as defined by current NHRA rules, with a dial-in of 9.99 or quicker (4.50-6.39 for eighth-mile) or 135 mph or faster (mph excludes motorcycle) are required to have a valid NHRA Competition License and NHRA Membership.
- 2) The minimum age for any professional category applicant is 18 years of age.
- 3) All NHRA Level 1-3 licensed drivers are required to pass an NHRA physical examination every two (2) years. TF and FC require an annual physical. Any matter in this examination, including without limitation any condition or medication may be referred to an NHRA medical consultant for review, and may be cause for rejection.
- 4) Drivers must be in possession of temporary or permanent NHRA License Certificate and NHRA Membership to be eligible for competition in any category that requires an NHRA Competition License.
- 5) NHRA Level 1-3 Competition License & Numbers are issued as a unit and are valid for two years from the date of physical examination; TF or FC are valid for only one year. NHRA Level 4-7 Competition License & Numbers are issued as a unit and are valid for one or two years from the end of the month of processing.
- 6) NHRA Level 5 & 7 license applicants not holding a state or government issued driver's license beyond a learner's permit, will be required to complete license runs 1 thru 6.
- 7) NHRA Level 4-7 license runs may be completed at an eighth-mile track. For a Level 2 or 3 license, runs 1, 2, 3 & 4 can be completed at an eighth-mile track, but runs 5 & 6 must be completed at a quarter-mile track for an unrestricted license. If full runs 5 & 6 are completed on eighth-mile, license will be issued with eighth-mile only restriction.
- 8) Level upgrade from 5 or 7 to a Level 1, 2, or 3; must complete "New Driver Requirements". If applicant upgrading from Level 5 or 7 to Level 4 or 6; track official may waive runs 1-3 if continuing competition in same vehicle.
- 9) Drivers who have not competed or have let their NHRA license expire for a period of two (2) years will have to meet all NEW DRIVER REQUIREMENTS. For professional drivers who have not competed for two years, license will become inactive, three (3) license runs will be required to re-activate; see runs 4, 5 and 6. All license runs must be completed at an NHRA Member Track.
- 10) If any license runs are older than one year, runs 4, 5 and 6 must be re-done and completed at an NHRA Member Track.
- 11) In accordance with the Applicant's Affirmation and Agreement on the front of this document, all drivers are subject to NHRA's rules and regulations in connection with their participation in any NHRA or NHRA member track event. I know the NHRA Rulebook, including amendments, is available to me online.
- 12) Contact division office for explanation of categories or assistance in selecting category(ies) you require

## CLASS ET & MPH STANDARD REQUIREMENTS

|                      |  |
|----------------------|--|
| Top Fuel             | Two ¼-mile runs of 5.20 or quicker & 260 mph or faster<br>Two 1,000' runs of 4.50 or quicker & 240 mph or faster |
| Funny Car            | Two ¼-mile runs of 5.50 or quicker & 250 mph or faster<br>Two 1,000' runs of 4.70 or quicker & 230 mph or faster |
| Pro Stock            | Two ¼ mile runs of 7.40 or quicker & 175 mph or faster   |
| Pro Stock Motorcycle | Two ¼ mile runs of 7.90 or quicker & 165 mph or faster   |
| TAD/TAFC:            | Two ¼ -mile runs of 6.20 or quicker & 205 mph or faster  |
| Pro Mod:             | Two ¼ -mile runs of 6.90 or quicker & 190 mph or faster  |
| NTF/NFC/SPF:         | Two ¼ -mile runs of 6.99 or quicker  |
| TFH                  | Two ¼ -mile runs of 7.50 or quicker  |
| PFH                  | Two ¼ -mile runs of 8.30 or quicker  |
| Level 3: AdvET/HU    | Two ¼ -mile runs of 7.49 or quicker  |
| Level 3: Comp:       | Two ¼ -mile runs of representative of Comp class   |
| TD/TS:               | Two ¼ -mile runs 7.99 or quicker   |
| Level 4 & 6:         | Two ¼ -mile runs of 9.99 or quicker <b>OR</b> 135 mph or faster  |

## CLASS ABBREVIATIONS

|        |                        |      |                       |
|--------|------------------------|------|-----------------------|
| AdvET  | Advanced ET Bracket    | PS   | Pro Stock             |
| AdvETM | Advanced ET Motorcycle | PSM  | Pro Stock Motorcycle  |
| ATV    | All-Terrain Vehicle    | SC   | Super Comp            |
| Comp   | Competition Eliminator | SG   | Super Gas             |
| ET     | ET Bracket             | SM   | Snowmobile            |
| ETM    | ET Bracket Motorcycle  | SPF  | Special Fuels         |
| FC     | Fuel Funny Car         | SS   | Super Stock           |
| HU     | Heads Up               | SST  | Super Street          |
| JDRL   | Jr Drag Racing League  | Stk  | Stock Eliminator      |
| JrM    | Junior Master          | TAD  | Top Alcohol Dragster  |
| NFC    | Nostalgia Funny Car    | TAFC | Top Alcohol Funny Car |
| NTF    | Nostalgia Top Fuel     | TD   | Top Dragster          |
| PFH    | Pro Fuel Harley        | TF   | Top Fuel              |
| PM     | Pro Mod                | TFH  | Top Fuel Harley       |

## NHRA LICENSE CODE & CATEGORY BREAKDOWN

|                                | Type A<br>over 125" wheelbase | Type B<br>up to 125" wheelbase    | Type C | Type D          |
|--------------------------------|-------------------------------|-----------------------------------|--------|-----------------|
| <b>Professional</b>            |                               |                                   |        |                 |
| Level 1                        | TF                            | FC                                | PS     | PSM             |
| <b>Pro/Sportsman</b>           |                               |                                   |        |                 |
| Level 2                        | TAD, NTF                      | TAFC, NFC                         | PM     | TFH, PFH        |
| Level 3<br><7.49 & Comp/TS/TD  | COMP, TD, ADVET               | COMP, TD, TS ADVET                | HU     | ADVETM          |
| Level 4<br>>135 or 7.50 - 9.99 | SC, ET*                       | SC, SG, SST, SS, STK,<br>*ET, *HU | --     | *ETM, *SM, *ATV |
| Level 5<br><135 mph & >10.00   | --                            | SST, SS, STK                      | --     | *ETM, *SM, *ATV |
| <b>Sportsman</b>               |                               |                                   |        |                 |
| Level 6<br>7.50 - 9.99         | ET                            | ET, HU                            | --     | ETM, SM, ATV    |
| Level 7<br><135 mph & >10.00   | ET                            | ET                                | JrM    | ETM, SM, ATV    |

\*\* ET / ETM / SM / ATV are add-on categories only for Level 4/5 license applicants. \*\* If only registering these categories use Sportsman License Application for Level 6/7 License.