

NHRA Pro/Sportsman Competition License Minor Application

THIS APPLICATION IS LIMITED TO APPLICANTS AGES 16-17. – FORM MUST BE PRINTED IN **COLOR**. ALL **RED** TEXT MUST BE PRINTED IN **RED**

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 3

Type Of Vehicle Used For The Runs: _____ (make, model, & wheelbase) **REQUIRED ON ALL APPLICATIONS**

Cockpit Orientation Test PASS FAIL *witnessed by NHRA licensed driver or track official:* **REQUIRED ON ALL APPLICATIONS**

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

SECTION 2

Circle the highest qualified license types & levels:

Pro/Sportsman	Type A over 125" wheelbase	Type B up to 125" wheelbase	Type C	Type D
Level 2	TAD, NTF, SPF	T AFC, N FC, S PF	PM, MMPS	TFH, TFM, PFH
Level 3 <small><7.49 or Comp/TS/TD</small>	COMP, TD, AdvET	COMP, TD, TS AdvET	HU	AdvETM
Level 4 <small>7.50 - 9.99</small>	SC, ET	SC, SG, SST, SS, FSS, STK, ET	--	ETM, SM, ATV
Level 5 <small><135 mph & >10.00</small>	--	SST, SS, STK	--	ETM, SM, ATV

Select the requested categories:

- AdvET ETM NTF SM TAD TS
 AdvETM HU PFH SPF T AFC TFM
 ATV JC PM SS TD
 COMP MMPS SC SST TFH
 ET** NFC SG Stk TFM

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

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

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 MINOR APPLICATION

THIS APPLICATION IS LIMITED TO APPLICANTS AGE OF 16-17. – FORM MUST BE PRINTED IN COLOR. ALL RED TEXT MUST BE PRINTED IN RED.

SECTION 4

APPLICANT'S AFFIRMATION & AGREEMENT: I affirm that I have read and understand, and that I have agreed to and I am 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.

X

Signature of Applicant

Date of Signature

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 5

I HAVE READ THIS AGREEMENT

1. _____ Father/Mother/Guardian _____
Parent or Guardian (Signature) (Circle One) Date

I represent that I have sole legal custody or am the sole parent/guardian
In cases of sole custody or guardianship, a copy of the court order must be included in addition to signature and relationship

(INITIAL)

I HAVE READ THIS AGREEMENT

2. _____ Father/Mother/Guardian _____
Parent or Guardian (Signature) (Circle One) Date

Printed Name of MINOR Participant: _____ D.O.B _____

Printed Name of Parent or Guardian: 1. _____

Printed Name of Parent or Guardian: 2. _____

Address of Participant: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: _____

County of: _____

Subscribed and Sworn to (or affirmed) before me this _____ day of, _____, 20 _____, by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

Signature of Notary

NHRA Pro/Sportsman Competition License Minor Application

THIS APPLICATION IS LIMITED TO APPLICANTS UNDER THE AGE OF 18. – FORM MUST BE PRINTED IN **COLOR**. ALL **RED** TEXT MUST BE PRINTED IN **RED**.

SECTION 6 – ALL PAYMENTS MUST BE IN U.S. FUNDS (ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

ENCLOSED IS A CHECK OR MONEY ORDER IN THE FULL AMOUNT (payable to NHRA. U.S. Funds Only-NO CASH)

METHOD OF PAYMENT:

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 LEVEL 2/3/4/5	1-YEAR LEVEL 5 ONLY
NHRA License & Number; Includes First Category (Level 2, 3, 4)	<input type="checkbox"/>	\$ 245.00	-- N/A --
NHRA License & Number; Includes First Category (Level 5 only)	<input type="checkbox"/>	\$ 215.00	<input type="checkbox"/> \$ 125.00
Each Additional Category	QTY <u> </u> X	\$ 20.00	<u> </u> X \$ 10.00
SELECT A NHRA NATIONAL DRAGSTER PUBLICATION TYPE			
Print & Digital Silver Level 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			
Replacement/lost or stolen license	<input type="checkbox"/>	\$ 10.00	
TOTAL DUE \$		<u> </u>	.00

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. Coverage may be different outside the US.

FOR OFFICIAL NHRA USE ONLY

Rcv'd: _____ AUTH. BY: _____

Acct. #: _____ MED DATE: _____ CLR:

Lic. CODE: _____ DATE ISSUED: _____ EXP DATE: _____

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

CHECK #: _____ VS / MC / AX / DR: _____

COMP #'S: _____

NOTES: _____

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 Lane, Suite 200, Lancaster Pa. 17602

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

dmohn@nhra.com

SOUTHEAST DIVISION 2

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

Cody Savage - Division Director

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

P. (352) 374-9922 | F. (352) 371-4212

csavage@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

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

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

NORTHWEST DIVISION 6

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

Matt Levonas - Division Director

2035 Financial Way, Glendora, Ca. 91741

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

mlevonas@nhra.com

PACIFIC DIVISION 7 / NATIONAL FIELD OFFICE

AZ; 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

IMPORTANT NOTICE
THIS AGREEMENT SHALL APPLY TO ANY AND ALL NHRA AND NHRA MEMBER TRACK EVENTS OR ACTIVITIES ("EVENTS")
PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
FOR PERSONS UNDER AGE 18 - THIS AGREEMENT MUST BE NOTARIZED

IN CONSIDERATION of ALLOWING MY BELOW-NAMED MINOR CHILD ("the minor") to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as the advanced staging area, burn out area, competition area, shutdown area, staging lanes, return road area, and any other area within the barriers, fences, and/or structures separating the general public from racing activities), I, THE UNDERSIGNED, on behalf of the minor child, for myself individually and for my children, wards, personal representatives, heirs, and next of kin:

1. Represent and agree that I know the nature of the EVENT(S) and the minor's experience and capabilities, and I affirm that the minor is fit and qualified to participate in the EVENT(S).
2. Agree and represent that I and the minor have or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS and further agree and warrant that, if at any time, we are in or about RESTRICTED AREAS and believe anything of any nature to be unsafe or unsatisfactory in any way, we will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, builders and designers, drivers, crews, rescue personnel, and persons in any RESTRICTED AREA, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities, regarding the premises or EVENT(S) and for each of them, their directors, officers, agents, and employees, (the "RELEASEES") FROM ALL LIABILITY TO ME, to the minor, and to my children, wards, personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMAND THEREFORE ON ACCOUNT OF INJURY TO PERSON OR PROPERTY OR RESULTING IN DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
4. HEREBY AGREE that if, despite signing this Agreement, I, the minor, or anyone on the minor's behalf, makes a claim for loss or damage against any of the Releasees, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, FEES OR COSTS they may incur arising out of or related IN ANY MANNER TO MY OR THE MINOR'S ATTENDANCE AT OR PARTICIPATION IN THE EVENT(S), AND WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
5. HEREBY acknowledge and agree that THE EVENT(S) ARE DANGEROUS and involve the risk of serious injury, death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
7. HEREBY agree that this Parent/Guardian Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement for Persons Under 18 ("Agreement") extends to ALL acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND FOR OTHERS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I HAVE READ THIS AGREEMENT

1. _____ Father/Mother/Guardian _____
 Parent or Guardian (Signature) (Circle One) Date

I represent that I have sole legal custody or am the sole parent/guardian
 (INITIAL)

I HAVE READ THIS AGREEMENT

2. _____ Father/Mother/Guardian _____
 Parent or Guardian (Signature) (Circle One) Date

Printed Name of MINOR Participant: _____ D.O.B. _____

Address of Participant: _____

Printed Name of Parent or Guardian: 1. _____

Printed Name of Parent or Guardian: 2. _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL) Signature _____

MINOR'S PARTICIPATION AND ASSUMPTION OF RISK STATEMENT

ALL EVENTS

ALL DATES

DESCRIPTION AND LOCATION OF EVENT

DATE OF EVENT

I have my parent's permission to participate in this event. "Participate" includes driving, working on cars, helping in some way, being in the "restricted area", or watching the event. I understand that the "restricted area" is a place I need special permission to be in, such as the race track itself and the area close to it. If I don't know if an area is restricted or not, I will ask an event official. I understand that I am assuming the risks of getting hurt during the event, and by signing my name below I state the following:

1. My parents (or guardians) and I believe I am qualified and fit to participate in the event. I will carefully look at the place where this event is being held, and the equipment at this place, and if, at any time, I think ANYTHING is unsafe, I will leave right away and refuse to participate further in the event.
2. I understand that the ACTIVITIES OF THE EVENT ARE **DANGEROUS** and by participating in the event, there is the RISK AND DANGER that I could be BADLY HURT, PARALYZED OR KILLED. I understand that these risks and dangers can be unexpected. Even though I could get seriously injured or killed in this event, I still want to participate.
3. I know that these risks and dangers may be caused by what I do or fail to do, by the actions or inactions of people participating in the event, by the rules of the event, by the condition and layout of the event location and equipment, and/or by the **NEGLIGENCE OR CARELESSNESS** of others, including the people responsible for putting on the event.
4. I ASSUME ALL THESE **RISKS**, EVEN IF THE RISKS ARE CAUSED BY THE **NEGLIGENCE OR CARELESSNESS** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, equipment and parts manufacturers and suppliers, officials, car owners, builders and designers, drivers, pit crews, rescue personnel, any persons in any restricted areas, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners, and lessees of premises used to hold the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, and employees.
5. I have read this Statement, I understand it, I have discussed it with my parents (or guardians), I have their permission to sign it, and I agree to make this my own truthful Statement.

I HAVE READ THIS STATEMENT

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

I HAVE READ THIS STATEMENT

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

COMPLETE OTHER SIDE

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
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APPLICANT'S NAME _____

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

<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">NORMAL</td> <td style="width: 50%; text-align: center;">ABNORMAL</td> </tr> </table>	NORMAL	ABNORMAL	<p>CHECK EACH ITEM IN APPROPRIATE COLUMN (Enter NE if not evaluated)</p>	<p>NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.</p>
	NORMAL	ABNORMAL		
	1. Head, face, neck and scalp			
	2. Nose			
	3. Sinuses			
	4. Mouth and throat			
	5. Ears, general			
	6. Drums (perforation)			
	7. Eyes, general (Visual acuity under items 27, 28 & 29)			
	8. Ophthalmoscopic			
	9. Pupils (Equality and reaction)			
	10. Ocular motility (Associated parallel movement, nystagmus)			
	11. Lungs and chest (Breasts exam only if clinically indicated or requested)			
	12. Heart (Precordial activity, rhythm, sounds and murmurs)			
	13. Vascular system (Pulse, amplitude and character; arms, legs, others)			
	14. Abdomen and viscera (Including hernia)			
	15. Anus and rectum (Digital exam only if clinically indicated or requested)			
	16. Endocrine system			
	17. G-U system (Pelvic exam only if clinically indicated or requested)			
	18. Upper and lower extremities (Strength and range of motion)			
	19. Spine, other Musculoskeletal			
	20. Identifying body marks, scars, tattoos			
	21. Skin and Lymphatics			
	22. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)			
23. Psychiatric (Appearance, behavior, mood, communication and memory)				
24. General systemic				

25. BLOOD PRESSURE <small>(Sitting MM Mercury)</small> Systolic _____ Diastolic _____	26. HEART RATE Resting Pulse _____	27. FIELD OF VISION (Peripheral) <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL 29. Corrective Lens REQUIRED While Driving <input type="checkbox"/> NO* <input type="checkbox"/> YES <small>*If previously "Yes," please include an explanation of the change.</small>	28. DISTANT VISION (Must have BOTH findings) <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/													

30. URINALYSIS <small>(If sugar is positive see #31.)</small> <table border="1" style="width: 100%; text-align: center;"> <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	31. BLOOD SUGAR TEST <small>(Both Fasting & 2 Hour Post Prandial, required only if sugar is found in urine. No S.I. Units)</small> <table border="1" style="width: 100%; text-align: center;"> <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												

32. OTHER TESTS	33. DISQUALIFYING DEFECTS/LIMITATIONS
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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
			<input type="checkbox"/> ABNORMAL

HEART TROUBLE WITHIN 2 YEARS, MUST SUBMIT RECENT EKG AND CARDIOLOGIST RELEASE.

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.

DATE OF EXAMINATION	MEDICAL PHYSICIAN SIGNATURE & STATE LICENSE NUMBER <small>(MD/DO ONLY)</small>	MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS & PHONE <small>(TYPE OR PRINT)</small>
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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.

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.

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.

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.

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

- 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.
- The minimum age for any professional category applicant is 18 years of age.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 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 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 OR 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 over 125" wheelbase	Type B up to 125" wheelbase	Type C	Type D
Professional				
Level 1	TF	FC	PS	PSM
Pro/Sportsman				
Level 2	TAD, NTF	TAFC, NFC	PM	TFH, PFH
Level 3 <7.49 & Comp/TS/TD	COMP, TD, ADVET	COMP, TD, TS ADVET	HU	ADVETM
Level 4 >135 or 7.50 - 9.99	SC, ET*	SC, SG, SST, SS, STK, *ET, *HU	--	*ETM, *SM, *ATV
Level 5 <135 mph & >10.00	--	SST, SS, STK	--	*ETM, *SM, *ATV
Sportsman				
Level 6 7.50 - 9.99	ET	ET, HU	--	ETM, SM, ATV
Level 7 <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.