

NHRA PROFESSIONAL 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:

Professional	Type A over 125' wheelbase	Type B up to 125' wheelbase	Type C up to 125' wheelbase	Type D
Level 1	TF	FC	PS	PSM
Level 2	TAD, NTF, SPF	TAFC, NFC, SPF	PM, MMPS, HU	TFH, TFM
Level 3 <7.49 or Comp/TS/TD	COMP, TD, AdvET	COMP, FX, TD, TS AdvET, FX	HU	AdvETM
Level 4 7.50 - 9.99	SC, ET*	SC, SG, SST, SS, STK. FSS, ET		ETM*, SM*, ATV*

Select the requested categories:

☐ AdvET ☐ FC ☐ NTF ☐ SG ☐ TAD ☐ TS
☐ AdvETM ☐ FSS ☐ PFH ☐ SM ☐ TAFC
☐ ATV ☐ FX ☐ PM ☐ SPF ☐ TD
☐ COMP ☐ HU ☐ PS ☐ SS ☐ TF
☐ ET ☐ MMPS ☐ PSM ☐ SST ☐ TFH
☐ ETM ☐ NFC ☐ SC ☐ Stk ☐ TFM

SECTION 3

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

☐ 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

Signature of 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 PROFESSIONAL COMPETITION LICENSE APPLICATION

THIS APPLICATION IS LIMITED TO APPLICANTS 18 YEARS AND OLDER

SECTION 5 – 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

Top Fuel Competition License (1-Year) ☐ \$ 215.00

Funny Car Competition License (1-Year) ☐ \$ 215.00

Each Additional Category QTY X \$ 10.00

Pro Stock Competition License (2-Year) ☐ \$ 275.00

Pro Stock Motorcycle Competition License (2-Year) ☐ \$ 275.00

Each Additional Category QTY X \$ 20.00

SELECT A NHRA NATIONAL DRAGSTER PUBLICATION TYPE

Print & Digital Membership (US) ☐ INCL \$ 0.00 ☐ INCL \$ 0.00

Additional Postage (Can/Mex) ☐ ADD \$ 36.00 ☐ ADD \$ 18.00

Additional Postage (Foreign) ☐ ADD \$ 96.00 ☐ ADD \$ 48.00

DIGITAL ONLY Membership (US, Can/Mex, or Foreign) ☐ INCL \$ 0.00 ☐ INCL \$ 0.00

OTHER NHRA COMPETITION LICENSE FEES

Replacement/lost or stolen license ☐ \$ 10.00

TOTAL DUE \$ _____ .00

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: Y N

LIC. DATE EXP
CODE: ISSUED: DATE:

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

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

COMP #'S: _____

NOTES: _____

For full license instructions & regulations visit WWW.NHRARACER.COM.
Mail the completed application to NHRA. Please allow a minimum of 2 – 3 weeks for processing.

NHRA HEADQUARTERS FIELD OFFICE

STANDARD DELIVERY:

140 Via Verde, Suite 100 | San Dimas, CA | 91773

OVERNIGHT DELIVERY:

140 Via Verde, Suite 100 | San Dimas, CA | 91773

F. (626) 466-9089

P. (888) 275-9375

Email address: licensing@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 _____

APPLICANT'S NAME _____

AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX

REPORT OF MEDICAL EXAMINATION <i>(Please type or print)</i>															
NORMAL	ABNORMAL	CHECK EACH ITEM IN APPROPRIATE COLUMN (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"/>	1. Head, face, neck and scalp													
<input type="checkbox"/>	<input type="checkbox"/>	2. Nose													
<input type="checkbox"/>	<input type="checkbox"/>	3. Sinuses													
<input type="checkbox"/>	<input type="checkbox"/>	4. Mouth and throat													
<input type="checkbox"/>	<input type="checkbox"/>	5. Ears, general													
<input type="checkbox"/>	<input type="checkbox"/>	6. Drums (perforation)													
<input type="checkbox"/>	<input type="checkbox"/>	7. Eyes, general (Visual acuity under items 27, 28 & 29)													
<input type="checkbox"/>	<input type="checkbox"/>	8. Ophthalmoscopic													
<input type="checkbox"/>	<input type="checkbox"/>	9. Pupils (Equality and reaction)													
<input type="checkbox"/>	<input type="checkbox"/>	10. Ocular motility (Associated parallel movement, nystagmus)													
<input type="checkbox"/>	<input type="checkbox"/>	11. Lungs and chest (Breasts exam only if clinically indicated or requested)													
<input type="checkbox"/>	<input type="checkbox"/>	12. Heart (Precordial activity, rhythm, sounds and murmurs)													
<input type="checkbox"/>	<input type="checkbox"/>	13. Vascular system (Pulse, amplitude and character; arms, legs, others)													
<input type="checkbox"/>	<input type="checkbox"/>	14. Abdomen and viscera (Including hernia)													
<input type="checkbox"/>	<input type="checkbox"/>	15. Anus and rectum (Digital exam only if clinically indicated or requested)													
<input type="checkbox"/>	<input type="checkbox"/>	16. Endocrine system													
<input type="checkbox"/>	<input type="checkbox"/>	17. G-U system (Pelvic exam only if clinically indicated or requested)													
<input type="checkbox"/>	<input type="checkbox"/>	18. Upper and lower extremities (Strength and range of motion)													
<input type="checkbox"/>	<input type="checkbox"/>	19. Spine, other Musculoskeletal													
<input type="checkbox"/>	<input type="checkbox"/>	20. Identifying body marks, scars, tattoos													
<input type="checkbox"/>	<input type="checkbox"/>	21. Skin and Lymphatics													
<input type="checkbox"/>	<input type="checkbox"/>	22. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)													
<input type="checkbox"/>	<input type="checkbox"/>	23. Psychiatric (Appearance, behavior, mood, communication and memory)													
<input type="checkbox"/>	<input type="checkbox"/>	24. General systemic													
25. BLOOD PRESSURE <small>(Sitting MM Mercury)</small>		26. HEART RATE		27. FIELD OF VISION (Peripheral)		28. DISTANT VISION (Must have BOTH findings)									
Systolic		Diastolic		Resting Pulse		<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL		UNCORRECTED CORRECTED							
						29. Corrective Lens REQUIRED While Driving		Right Eye 20/ 20/							
						<input type="checkbox"/> NO* <input type="checkbox"/> YES		Left Eye 20/ 20/							
						<small>*If previously "Yes," please include an explanation of the change.</small>		Both Eyes 20/ 20/							
30. URINALYSIS <small>(If sugar is positive see #31.)</small>				31. BLOOD SUGAR TEST <small>(Both Fasting & 2 Hour Post Prandial, required only if sugar is found in urine. No S.I. Units)</small>											
SUGAR		ALBUMIN/PROTEIN		BLOOD		FASTING		2-HOUR P.P.							
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES				HgA1C							
								COMMENTS							
32. OTHER TESTS					33. DISQUALIFYING DEFECTS/LIMITATIONS										
34. COMMENTS ON HISTORY AND FINDINGS, RECOMMENDATIONS <small>(INCLUDE SPECIFIC <u>MEDICAL CONDITION</u> AND <u>MEDICATIONS</u> CURRENTLY PRESCRIBED)</small>															
35. EKG <u>CURRENT EKG REQUIRED AT AGE 55 AND OLDER</u> EKG must be dated within six months of this exam. EKG must not reflect any abnormalities that would preclude the patient from racing. <u>ATTACH all findings</u> , consults, ECG, X-rays, etc. to this report before mailing. 35.a EKG (Date) <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 30px; text-align: center;">MM</td> <td style="width: 30px; text-align: center;">DD</td> <td style="width: 30px; text-align: center;">YY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL HEART TROUBLE WITHIN 2 YEARS, MUST SUBMIT RECENT EKG AND CARDIOLOGIST RELEASE.										MM	DD	YY			
MM	DD	YY													
36. PLEASE CHECK ONE <input type="checkbox"/> PHYSICALLY ACCEPTABLE <input type="checkbox"/> 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 (MD/DO ONLY)				MEDICAL PHYSICIAN (MD/DO ONLY) NAME, TITLE, ADDRESS & PHONE (TYPE OR PRINT)								

**AUTHORIZATION FOR RELEASE
OF MEDICAL AND MENTAL HEALTH RECORDS**

1. **Persons/Entities Authorized to Release and Disclose Information.** I hereby authorize, empower, request, and direct all healthcare providers, physicians, hospitals, mental health providers, counselors, therapists, clinics, schools, universities, colleges, dispensaries, sanatoriums, any other agencies, motorsports teams and organizations, sanctioning bodies, athletic trainers, facilities, and/or entities that may possess my protected health information (“PHI”) (as defined under the Health Insurance Portability and Accountability Act, as amended (“HIPAA”) and the regulations thereunder) related to my medical care and treatment (“Records”): (1) to release, disclose, and to make these Records freely available to the persons and entities identified on this authorization as the Authorized Parties; and (2) to discuss the contents of these Records with the Authorized Parties and their representatives.
2. **Persons/Entities Authorized to Receive and Use the Information.** I hereby authorize, empower, and give permission to the following persons and/or entities and their representatives to receive, inspect, copy, obtain copies, examine, and/or use of any and all Records described in this Authorization. These persons and entities will be collectively be referred to as the “Authorized Parties”: National Hot Rod Association (“NHRA”) and any individuals or entities with which the NHRA has contracted with or employs, including, but not limited to: its medical advisors, designated legal counsel, committees, panels and boards commissioned by NHRA in connection with health and safety initiatives, any outside or third-party physicians, physician groups, hospitals, clinics, laboratories, specialists, pharmacies, and/or healthcare professionals engaged by NHRA in furtherance of my participating in drag racing sanctioned or produced by NHRA, including, but not limited to, providing medical care to me or other services intended to support participant health and safety initiatives, and any present and future electronic medical record vendors and/or prescription networks used by NHRA, and their respective representatives, agents, and/or employees, officers, servants, staff members, and contractors of all the foregoing.
3. **Description of the Information to be Released and Disclosed.** I hereby authorize, empower, direct, and give permission for the following Records to be released and disclosed to the Authorized Parties: my entire health or medical record, including without limitation all written and/or electronic information or data, clinical notes, progress notes, discharge summaries, lab results, pathology reports, operative reports, consultations, physicals, physicians’ records, athletic trainers’ records, diagnoses, findings, treatments, history and prognoses, test results, laboratory reports, x-rays, MRI, and/or imaging results, outpatient notes, physical therapy records, occupational therapy records, prescriptions, and any and all other information pertaining to my past or present medical condition, diagnosis, treatment, history, and prognosis. This Authorization applies to any and all Records, including, without limitation, medical records which the persons and entities authorized to release and disclose information may have received from another provider, unless access to such PHI has been restricted as permitted under HIPAA or that provider has expressly prohibited re-disclosure. This Authorization expressly includes all Records relating to any mental health treatment, therapy, and/or counseling, but expressly excludes psychotherapy notes.
4. **Purpose of the Disclosure.** This Authorization for Release and Disclosure of Medical and Mental Health Records is for purposes relating to: (a) my actual or potential participation in the drag racing sanctioned or produced by NHRA, including for determining my fitness and ability to participate or be licensed, the provision of trackside emergency response services and care, evaluation of injuries and conditions, which purposes may include review, discussion, processing, and disclosure of my medical records and PHI between and among: (i) any of the Authorized

Parties and (ii) any of my healthcare providers and/or mental health providers; and (b) the administration of NHRA's substance abuse policy.

5. **Expiration.** This Authorization will expire on March 5, 2026.
6. **Photocopy.** A photostatic copy of this Authorization shall be considered as effective and valid as the original.
7. **Re-Disclosure.** I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by HIPAA.
8. **Revocation.** I may revoke this authorization by notifying NHRA in writing of my desire to revoke. Revocation should be sent by email to legal@nhra.com and licensing@nhra.com **or** by mail delivered to NHRA, Attn: Legal, 140 Via Verde, Suite 100, San Dimas, CA 91773. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
9. **Signature.** By my signature below, I acknowledge that I have read this Authorization, understand my rights as described herein, understand that I am allowing medical and mental healthcare providers to disclose my PHI, and have had any questions answered to my satisfaction. I expressly and voluntarily authorize the release, disclosure, and use of my medical records and/or PHI as described in this Authorization.

Signature

Print Name

Date

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 a completed original physical examination form to an authorized track official before test runs are made.
 - ✓ NHRA Levels 1-4 applicants must complete required license runs to qualify for respective categories.
 - ✓ NHRA Level 5 or 7 applicants that do not currently hold a state-issued driver's license beyond a learner's permit will be required to complete all 6 passes.
 - ✓ A special cockpit orientation test ("blindfold" test) will be conducted by a licensed driver or track official. Requires an NHRA licensed driver or track official signature.
 - ✓ 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 a 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 into competition.
- ☐ After passing the driver test, the applicant will complete the license application form in full then mail it with the original physical examination (physical only required for License Levels 1-3) form and 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 the applicant upgrades from Level 5 or 7 to Level 4 or 6; the track official may waive runs 1-3 if continuing competition in the 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 a completed original physical examination form to an authorized track official before test runs are made.
 - ✓ A special cockpit orientation test ("blindfold" test) will be conducted by a licensed driver or track official. Requires an NHRA licensed driver or track official signature.
 - ✓ 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 a representative performance of the category applying for. License applicants must complete the two full runs at or better than the requested class 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 into competition.
- ☐ After passing the driver test; the applicant will complete the license application form in full then mail it with the original physical examination (physical only required for License Levels 1-3) form and 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 an application.
 - ✓ Full runs must be a representative performance of the category applying for. License applicants must complete the two full runs at or better than the requested class 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 into competition.
 - ✓ Copy of current competition license from an alternate sanctioning organization.
- ☐ After passing the driver test; the applicant will complete the license application form in full then mail it with the original physical examination (physical only required for License Levels 1-3) form, copy of current accepted organization's competition license and 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 maybe cause for rejection.
- 4) Drivers must be in possession of a 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 the eighth-mile, the license will be issued with an eighth-mile-only restriction.
- 8) Level upgrade from 5 or 7 to a Level 1, 2, or 3; must complete "New Driver Requirements". If the applicant upgrades from Level 5 or 7 to Level 4 or 6; the track official may waive runs 1-3 if continuing competition in the 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, the 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 an explanation of categories or assistance in selecting category(ies) you require

CLASS ET & MPH STANDARD REQUIREMENTS

Top Fuel	Two ¼-mile runs of 5.00 or quicker & 270 mph or faster Two 1,000' runs of 4.30 or quicker & 250 mph or faster
Funny Car	Two ¼-mile runs of 5.30 or quicker & 260 mph or faster Two 1,000' runs of 4.50 or quicker & 240 mph or faster
Pro Stock	Two ¼ mile runs of 7.20 or quicker & 175 mph or faster
Pro Stock Motorcycle	Two ¼ mile runs of 7.50 or quicker & 175 mph or faster
TAD/TAFC:	Two ¼ -mile runs of 6.00 or quicker & 205 mph or faster
Pro Mod:	Two ¼ -mile runs of 6.70 or quicker & 190 mph or faster
Mountain Motor Pro Stock	Two ¼ -mile runs of 6.70 or quicker & 190 mph or faster
NTF/NFC/SPF:	Two ¼ -mile runs of 6.50 or quicker & 200 mph or faster
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
Level 5 & 7:	Two ¼ -mile runs representative of vehicle's performance. (10.00 & slower)

CLASS ABBREVIATIONS

AdvET	Advanced ET Bracket	PSM	Pro Stock Motorcycle
AdvETM	Advanced ET Motorcycle	SL	Street Legal
ATV	All-Terrain Vehicle	SLM	Street Legal Motorcycle
Comp	Competition Eliminator	SC	Super Comp
ET	ET Bracket	SG	Super Gas
ETM	ET Bracket Motorcycle	SM	Snowmobile
FC	Fuel Funny Car	SPF	Special Fuels
FSS	Factory Stock Showdown	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
MMPS	MMPS	TF	Top Fuel
PFH	Pro Fuel Harley	TFH	Top Fuel Harley
PM	Pro Mod	TFM	Top Fuel Motorcycle
PS	Pro Stock	TS	Top Sportsman

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, SPF	TAFC, NFC, SPF	PM, MMPS	TFH, TFM, 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, FSS, *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	SL (LIMITED TO 9.0)	ETM, SM, ATV SLM (LIMITED TO 9.0)
Level 7 <135 mph & >10.00	ET	ET	SL	ETM, SM, ATV, SLM

** 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.

^ Street Legal registration cannot be combined with any additional licensed categories.