



Time Trial Official Application

Apprentice License: May be issued by completing the application below. No signatures required. Forward this application to Member Services.

License Renewal: No response is required by you for renewing your **Time Trial Official** license. The Program Manager in your division has pre-approved your license specialty renewal which will renew with your membership renewal.

Official or Specialist: Refer to Time Trial Rules 7.6.2

Please specify the license you are requesting an upgrade for and check the appropriate box below. Complete the record of participation. Forward this application to Member Services and we will contact your Program Manager for approval.

Name: _____ Membership #: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

APPRENTICE Time Trial License(s): Check below

- Time Trial Volunteer
- Time Trial Driving Instructor
- Time Trial Chief Steward
- Time Trial Tech Inspector
- Time Trial Safety Steward
- Time Trial Course Inspector

OFFICIAL or SPECIALIST Licenses(s): Check below for Upgrade

<u>SPECIALTY</u>	<u>OFFICIAL</u>	<u>SPECIALIST</u>
Time Trial Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Driving Instructor	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Chief Steward	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Tech Inspector	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Safety Steward**	<input type="checkbox"/>	<input type="checkbox"/>
Time Trial Course Inspector**	<input type="checkbox"/>	<input type="checkbox"/>

** *TT Safety Steward* or *TT Course Inspector* license upgrade to *Official* license requires completing an SCCA approved safety seminar and a combination of TT events. Refer to TTR 7.6.2-2

RECORD OF PARTICIPATION

(only required for upgrade)

DATE	EVENT/LOCATION	SPECIALTY WORKED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approval for *Official*: TT Divisional Program Manager signature _____ Date _____

Approval for *Specialist*: TT Divisional Program Manager signature _____ Date _____

Approval for *Specialist*: TTAC Divisional representative signature _____ Date _____

UNAPPROVED APPLICATIONS

PLEASE FORWARD A LETTER OR EMAIL OF EXPLANATION TO DENIED APPLICANT AND COPY THE MEMBER SERVICES DEPARTMENT - THANK YOU