



# Stewards' License Application

Please read instructions carefully prior to completing application.

### Office Use Only

Date Rcvd \_\_\_\_\_

Please complete the following:

Change of Address? Yes \_\_\_\_\_

Membership No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Region of Record: \_\_\_\_\_ Division: \_\_\_\_\_  
Name: \_\_\_\_\_ Addr: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) (\_\_\_\_) \_\_\_\_\_ W)(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### RECORD OF STEWARD PARTICIPATION IN THE PAST 12 MONTHS

Additional Space on Reverse Side

Location \_\_\_\_\_ Date \_\_\_\_\_ Event Type \_\_\_\_\_ Official Capacity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CURRENT LICENSE(S) Check Box

Senior Steward     National Steward     Divisional Steward     Regional Steward     SIT

### LICENSE(S) APPLIED FOR Check Box

Senior Steward     National Steward     Divisional Steward     Regional Steward     SIT

### TO BE COMPLETED BY EXECUTIVE STEWARD

APPLICATION APPROVED FOR:

Senior Steward     National Steward     Divisional Steward     Regional Steward     SIT

\_\_\_\_\_  
Executive Stewards Signature

\_\_\_\_\_  
Division

\_\_\_\_\_  
Date

If any requirements are waived, please attach explanation to this form

I hereby certify that the information above is correct. I realize any falsification will result in the loss of the above-indicated license. Additionally, I certify that I am familiar with the SCCA rules and regulations governing the use of the above-indicated License and I agree to abide by those rules and regulations and all applicable SCCA policies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORWARD APPLICATIONS TO YOUR DIVISION'S EXECUTIVE STEWARD**

# Biographical Data

Name: \_\_\_\_\_

Membership: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Regional Offices Held and Dates

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## National Offices Held and Dates

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## Brief History as a Steward

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## Competition Experience and License(s) Held:

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## Additional Space For Record of Steward Participation in the Past 12 Months

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_