



The following forms must be included with your renewal form
Copy of current Medical form.

All licenses expire December 31st of the year of issue.
Check, Cash or Money Order (NO CREDIT CARD)

FARA COMPETITION LICENSE FEE

\$100.00 NEW _____ **\$80.00 RENEWAL** _____

FARA LICENSE NUMBER _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

e-mail _____ **Phone** _____

APPLICATION for NEW LICENSE

SCCA LIC. # _____ **FIA LIC. #** _____ **IMSA LIC.#** _____

NASCAR LIC. # _____ **GRAND AM LIC. #** _____

PBOC LIC. # _____ **NASA LIC.#** _____ **PCA LIC. #** _____

OTHERS _____

Signature _____ **Total \$** _____

**Check Payable to FARA. Mail to: FARA, 9170 SW 152 ct, Miami, FL 33196
(305) 609-4773---WWW.FARAUSA.COM**

For Official Use Only

Date _____ **License No.** _____ **Amt. Recd.** _____ **Cash/Ck.** _____

