

2025 Driver Application

_____ **FR Americas Driver: \$600** (plus SCCA Membership – \$60 under 25 / \$100 over 25)

_____ **F4 U.S. Driver: \$400** (plus SCCA Membership – \$60 under 25 / \$100 over 25)

_____ **Ligier Junior Formula Championship Driver: \$350**

Licensing within Ten (10) days of an event will incur an additional \$150 fee for expedited processing.

Name: _____ Birthdate: _____ Cell Phone: _____
(mon / dd / yyyy)

Address: _____ SCCA Member #: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Social Media: _____

Emergency Contact: _____ Cell Phone: _____

Team Name: _____ Cell Phone: _____

Head Shot Photo: All drivers should submit new color headshot photos yearly in a *.jpg format. A cellphone snapshot is sufficient. Credential photos do not need to be formal.

Medical Form: Examination & Medical History Forms are required to be kept on file for all drivers. Returning FR Americas or F4 U.S. Championship drivers do not need to submit a new form unless the form has expired.

New to the FR Americas, F4 U.S. Championship, or Ligier Junior Formula Championship:

Racing Resume: Please complete the License Application Racing Resume form in this packet. The following details should be included: Years of Competition, Series Competed With, Results from Official Events. If you have been held out from competing with a sanctioning body, please describe the situation.

If you are under age 18: You must submit a photocopy of one of these documents: State Operator's Permit/License, government issued identification, passport, or birth certificate.

Annual Waivers are required for all participants.

Please follow the instructions found on the Waiver Instructions document.

Acknowledgement / Disclaimers:

By signing, the Applicant agrees to permit Parella Motorsports Holdings and its assigns (including, but not limited to, subsidiaries, series sponsors, promoters/organizers of the Event), free of any charges, duties or fees, to use, license, reproduce, have reproduced, show, have shown, without limitation in space or time, all drawings, soundtracks, photographs, trademarks, films/video pictures concerning competitors, their drivers, teams or cars involved in the event(s) on any medium whatsoever for any documents, reports, coverage, broadcast, program, publication, video game or model production, software, etc. whether past, present, or future. The Applicant further acknowledges and agrees that Parella Motorsports Holdings may freely assign or License its rights to a third party.

I hereby certify that the information above is correct. I realize any falsification may result in the loss of a discount and/or membership. By accepting membership in the SCCA, I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment. By signing below, I am agreeing to become a member of the SCCA on the terms stated, and subject to the terms and conditions contained in the documents referenced, above.

Driver Signature: _____ Date: _____

If no team credit card is on file (or you are paying individually),
please complete and submit the Credit Card Authorization form.

Email completed forms and photos to: FRF4Registration@parellamotorsports.com



2025 FR Americas 2025 F4 US Championship 2025 Ligier JFC Waiver Instructions



SCCA is using their Digital Waiver system, and Parella Motorsports Holdings is using the SpeedWaiver process. You will need to complete both processes correctly to be issued an Annual Credential or Competition License.

SCCA Annual Release and Waiver of Liability (FR Americas / F4 US Championship):

If you don't know your SCCA member number, or if you have issues with the SCCA Digital Waiver process, please contact the SCCA Member Services team at (800) 770-2055. They are open during business hours in the US Central Time Zone.

If you are already an SCCA member (and know your SCCA member number) –

- Log in with your SCCA Member Number at my.scca.com.
 - On the Main Screen, go to the Online Store heading. Select “Licenses & Waivers” from the dropdown list.
 - Select one of these options:
 - ♦ the Annual Adult Waiver (if age 18 or older)
 - ♦ the Annual Waiver Minor (if under age 18)
 - ♦ the Annual Waiver Parental Consent (for parents of a Minor Competitor)
- then click “Add to Cart”.
- Review the Release and Waiver of Liability, then check the box at the bottom of the page.
 - Click “Continue”.
 - Upload a photo of yourself and Click “Next”.
 - Read the Terms of Service and Click “I Agree”.
 - Then Click “Check-Out” to complete the process.

If you are not yet an SCCA member, you can either opt to join the SCCA at the Login Screen or create a Guest Account to sign your Release and Waiver of Liability. Then follow the steps above.

Once the steps are complete, you will receive an email with a subject line of “SCCA Annual Waiver Under Review”. There is a review process which takes place. Generally on the next business day, you will receive another email from SCCA with a subject line of “SCCA License or Waiver Approved”. The second email indicates you have correctly completed the process.

Please forward the approval email to Kelley Huxtable at frf4registration@parellamotorsports.com.

Parella Motorsports Holdings Digital Release and Waiver of Liability (All Series):

If you have issues with the SpeedWaiver process, please contact Kelley Huxtable (email: frf4registration@parellamotorsports.com or phone (316) 708-3716 (US Central Time Zone)).

Go to this link: [HERE](#) (or scan the QR Code below with your phone)

Enter your name and telephone number.

You will receive a text message from an (833) number.

Click on the link in that text message and follow the prompts.

Once you have received the “You Are All Set” message, you have completed the process.

SpeedWaiver will notify Kelley of your successful execution of the Release.

QR Code for PMH Digital Waiver:

We know there are some countries where the text message is not received/sent, if possible, please use a US or Canada-based phone to complete the PMH Digital Release.

Sign the waiver online for
FR/F4/JF4 (PMH) 2025 Annual Waiver



Or visit: <https://pmh.speedwaiver.com/bnqv>

License Application Racing Resume



Name		
Date		
SCCA Member Number		
Championship	FR Americas F4 US Championship Ligier Junior Formula Champ	Formula Race Promotions Trans Am Series
Racing Experience <i>For each, be sure to include date and track name for event, plus the sanctioning body, car class and finishing position. You can also attach a copy of racing licenses or race results.</i>		
2024		
2023		
2022		
2021		

Please Keep a Copy

Reverse side of form to be completed by examiner (MD, DO, PA-C or NP) and returned to the applicant. Any blanks will delay processing of the license!

Memorandum to Examining Physician:

You are being asked to examine this applicant for the purpose of obtaining an automobile racing license. This form is a guide and tool for you to determine if the applicant is medically qualified to race. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others while attending a competitive racing event.

Page One (this page) - Instructions for completing the Physical Examination form, and should be read carefully by both the examining physician and the applicant.

Examination is to be completed by a Physician.

Medical History is to be completed by the applicant.

A. The functional suggested requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking, and steering mechanisms/systems.
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Should have minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity, problem solving, and decision-making.
5. Ability to maintain an aerobic level heart rate for more than 20 minutes.

B. The environment this applicant may operate in is:

1. Temperature extremes from 0 degrees (F) to 120 degrees (F) for long periods of time.
2. Smoke, fumes, vapor, caustic chemicals, and dust.
3. Loud noise and vibration.
4. Increased potential for exposure to fire.

Special Cases: In a case where consults are needed, the consultant should be made aware of the information in **Section A** and **Section B** of this memorandum.

Requirement of All Applicants*: All applicants must submit a completed APPLICANT'S MEDICAL HISTORY and PHYSICIAN'S EXAM. Similar forms from NASA or full FAA may be acceptable. However, the applicant will be held accountable to the rules, laws, and other parameters, as set forth by the issuing organization or agency.

Renewals:

Applicants that are less than 40 years old must renew their Physical Examination every five years.
Applicants that are at least 40 years old must renew their Physical Examination every three years.
Applicants that are at least 50 years old must renew their Physical Examination every two years.
Applicants that are at least 70 years old must renew their Physical every 12 months.

Note to the examining physician: Please note the "Renewals" section of this document (above). Consideration should be given to the length of time between examinations, unless otherwise specified with highlighted notation in the comment section found on the PHYSICIAN'S EXAMINATION page of this document.

**Note to Physician and Applicant: Medical Fitness of a Driver-Changes in Medical Condition after approved physical.
Refer to GCR 2.3.2.A.3.**

Examination

To be completed by a MD, DO, PA-C or NP only. Any blanks will delay processing!

Examination shall not be more than six (6) months old upon license application.

There are Four PAGES to this form. Please see "APPLICANT'S MEDICAL HISTORY" and "SCCA Competition License Physical Examination Instructions." Use the fourth page for any explanations.

Applicant's Name: _____ Date: _____ Member #: _____

Age: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Blood Pressure: _____ **Pulse:** _____ **Respiration:** _____ **Weight:** _____ **Height:** _____

NEUROLOGICAL

Reflexes: _____ Normal _____ Abnormal

Other tests performed: _____

CARDIAC

Cardiac Exam: _____ Normal _____ Abnormal

METABOLIC *if yes then HgbA1C level recommended*

History of diabetes: _____ No _____ Yes

HgbA1C (less than 10) _____

VISION

Vision (use numbers 20/20) OD (Right) : _____ / _____ OS (Left): _____ / _____ OU (Both): _____ / _____

Color Vision: _____ Test: _____

Peripheral Vision (use numbers) degrees from midline: _____ OD: _____ OS: _____ Test: _____

Medical conditions to consider in the decision to approve candidate

- | | | |
|---|---|---|
| 1. Less than 20/40 corrected vision in the better eye | 7. Diabetes | 12. Epilepsy |
| 2. Alcoholic or drug addiction | 8. Loss of consciousness | 13. History of Heart Attack |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 9. Psychological problems | 14. History of Cardiac Disease |
| 4. All gross deformities subject to listing | 10. Implanted Defibrillator | 15. Use of Narcotics |
| 5. History of Syncope | 11. Limitations of endurance in any activities of daily living (i.e. climbing 2-3 flights of stairs without stopping) | 16. Reduced pulmonary capacity (includes the need for supplemental oxygen.) |
| 6. Loss of extremity or eyes | | |

RACING is a physically demanding sport.

The environment frequently involves high temperatures with a limited ability to cool and requires long periods of aerobic exertion. If the applicant experiences any physical or medical limitations that would potentially affect their ability to tolerate the demands of racing, approval should not be given.

Please contact SCCA with any questions at 1-800-770-2055

APPROVED

Medical history and examination approved

Applicant is fit for motor racing

Additional review may apply for FIA applicants

Physician's Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

FAILED

Applicant is not fit for motor racing

Physician's Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____



Applicant's Medical History

(To be completed by Applicant)

Applicant: For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must complete the second page of this form.

Member # _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Email Address: _____ Occupation: _____

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

Personal Physician: _____ Phone: _____

Address: _____ City, St, Zip: _____

PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:

Do You Have or Have You Ever Had?	Yes	No	Do You Have or Have You Ever Had?	Yes	No
Frequent or severe headaches			Any drug, narcotic, or alcohol problems		
Unconsciousness for any reason			Psychiatric/mental health problems		
Dizziness or fainting spells			Eye trouble (except glasses)		
Epilepsy or seizures			Asthma		
Coronary artery disease or angina			Diabetes requiring insulin		
Heart valve disease			Anemia or other blood diseases		
Left Bundle Branch Block (heart)			Including abnormal bleeding		
Abnormal cardiac rhythms			Admission to a hospital in the past 12 months for any reason		
High Blood pressure			Allergy(s) to medications		
Operation(s) on brain			List:		
Operation(s) on heart			Routine use of Pain Medication		
Operation(s) on eyes, nerves, blood Vessels, or bone			Amputations/physical disability		
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:			Illness(es) not listed above		
			List:		
			Do you require the use of supplemental oxygen or other external breathing device?		
			Previous denial(s) from SCCA, NASA, or other sanctioning body due to Medical reasons		

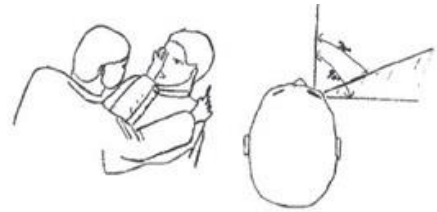
Blood Thinner Medication (circle) YES NO

Comments and details of any condition noted above (Use the fourth page for any explanations that do not fit here) Medication Used (including eye drops) _____

Members Signature _____ **Date** _____

Tips on Peripheral Vision Exam:

Peripheral vision exam by confrontation is simple procedure. Position yourself so that your face is directly in front and on the same level with the patient, about 2 feet away. Ask the patient to cover one eye and to look at your eye directly opposite. Close your other eye so that your own visual field is roughly superimposed on that of the patient. Bring a pencil or other small object (light) from behind and from the periphery slowly into the patient's field of vision. Ask the patient to indicate when the object appears. Estimate in degrees the point where the patient sees the object to the point where the patient is looking directly ahead. Test the other eye in the same manner. Lack of adequate or impaired peripheral vision should be given special consideration.



Additional History or Comments: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



FR Americas
F4 US Championship
Ligier Junior Formula Championship
Prize Money Authorization



Payment

Prize Money for Car Number(s): _____ Driver(s): _____

Winnings should be paid to: _____ Driver _____ Entrant

Payment Method: _____ ACH _____ Check

Required Information for Check and ACH Payments

Email Address: _____

Tax ID Number: _____

Tax ID Name (on IRS Form): _____

Mailing Address: _____

ACH Payment Authorization

Complete this section if Prize Money is to be paid via ACH.

Name on Account: _____

Bank Name: _____

International – Swift Code: _____
(only need if paying to an international bank.)

Bank Routing Number: _____

Account Number: _____

I hereby authorize Parella Motorsports Holdings to make electronic funds transfers to the above account:

Signature: _____ Date: _____

Print Name: _____ E-Mail Address: _____

Team Owner Authorization

Complete this section if Prize Money is not to be paid to the team owner.

I hereby authorize Parella Motorsports Holdings to pay Prize Money as listed above:

Team Owner Signature: _____ Date: _____

Print Name: _____

Email completed forms to: FRF4Registration@parellamotorsports.com
Questions? Email or call Kelley – Phone: (316) 708-3716 (US Central Time Zone)

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- For use by individuals. Entities must use Form W-8BEN-E.
- Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9** I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____.

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here
☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



FR Americas
F4 US Championship
Ligier Junior Formula Championship
Credit Card Authorization



Team Name:			
Name on Card:			
Card Number			
Expiration Date:		CCV:	
Billing Street Address:			
Billing City, State & Zip Code:			
Contact Email:			
Contact Phone:			

Effective May 2024, PMH instituted a 2.9% credit card fee. Facsimile, photocopied, or electronic signatures shall be treated as original signatures. I hereby authorize the FR Americas Series / F4 US Championship Series / Ligier JS F4 Series / Parella Motorsports Holdings to charge the card listed above for the charges outlined below:

Signature:		Date:	
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Please check all that apply:

<input type="checkbox"/>	Competition License Fee
<input type="checkbox"/>	Annual Credential Fee
<input type="checkbox"/>	SCCA Membership Fee (if needed)
<input type="checkbox"/>	Vehicle Registration Fee

<input type="checkbox"/>	Entry Fee
<input type="checkbox"/>	Test Day Fee
<input type="checkbox"/>	Event Credential Fees
<input type="checkbox"/>	Miscellaneous Fees (if needed): Examples: Decals Penalties

Would you like to keep this card on file for future charges?

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Completed form should be emailed to: Kelley Huxtable at frf4registration@parellamotorsports.com
Only one form needs to be completed if the team is paying all fees.