



INTERNATIONAL HOT ROD ASSOCIATION

P.O. Box 386

House Springs, MO 63051

Phone, Text, & Fax: 85.JOIN.IHRA / 855.646.4472

info@ihra.com



IHRA CLASS UPGRADE FORM

This section is to be filled out by Applicant

\$10.00 fee for license UPGRADE

Member ID: _____ Class Applied For: _____ Current Class Held: _____

Name: _____

Address: _____ Declare Home Track: _____

City: _____ State: _____ Zip: _____ Cell: _____

Date of Birth: _____ E-Mail: _____

Full Bodied Car Altered/Roadster Dragster Motorcycle / Sled

Class	Summit SuperSeries Category	ET Category	1/4 Mile Time	1/8 Mile Time
B	<input type="checkbox"/> Top <input type="checkbox"/> Mod <input type="checkbox"/> M/C	<input type="checkbox"/> ET Box	<input type="checkbox"/> 7.50 – 9.99	<input type="checkbox"/> 4.50 – 6.39
		<input type="checkbox"/> ET No Box		
E	<input type="checkbox"/> Top <input type="checkbox"/> Mod <input type="checkbox"/> M/C	<input type="checkbox"/> ET Box	<input type="checkbox"/> 10.00 - Slower	<input type="checkbox"/> 6.40 - Slower
	<input type="checkbox"/> Sportsman <input type="checkbox"/> EV	<input type="checkbox"/> ET No Box		

I, the undersigned, do hereby understand the full provisions of the competitor's license issued to me by the IHRA and accept the responsibility of operating my vehicle in a safe, sportsmanlike manner and in accordance with all rules and regulations issued by the IHRA, and further, will accept any ruling by the IHRA suspending my driver's license rights if I fail to strictly follow all my responsibilities. I agree to abide by all rules, regulations, and requirements contained in the IHRA rulebook, related publications, and any amendments issued by the IHRA after issuing my license. I hereby agree and acknowledge that the Release and Waiver of Liability, Assumption of Risk, Indemnity and Rights Agreement which I have signed, extends to all acts of negligence or other wrongdoing by the releases and is intended to be as broad and inclusive as is permitted under applicable law, and that if any portion thereof is held invalid, it is agreed that the balance shall remain in full force and effect.

Driver's Signature: _____ Date: _____

Amount Paid: _____

Check #: _____ Cash Money Order #: _____

Credit Card #: _____ CID: _____ Exp: _____ Zip: _____

This section is to be filled out by Track/IHRA Official only and **MUST BE signed by that official.**

NHRA TRANSFER - NHRA License #: _____ Code: _____ If requesting an NHRA transfer, passes are not required, but a copy of your NHRA license must be submitted with your application.

Facility Name: _____ 1/4 Mile 1/8 Mile

Full Pass E.T. _____ MPH _____ Track Official Witness _____

Full Pass E.T. _____ MPH _____ Track Official Witness _____

Date Approved _____ Approved By: _____

IHRA OR TRACK OFFICIAL ONLY