

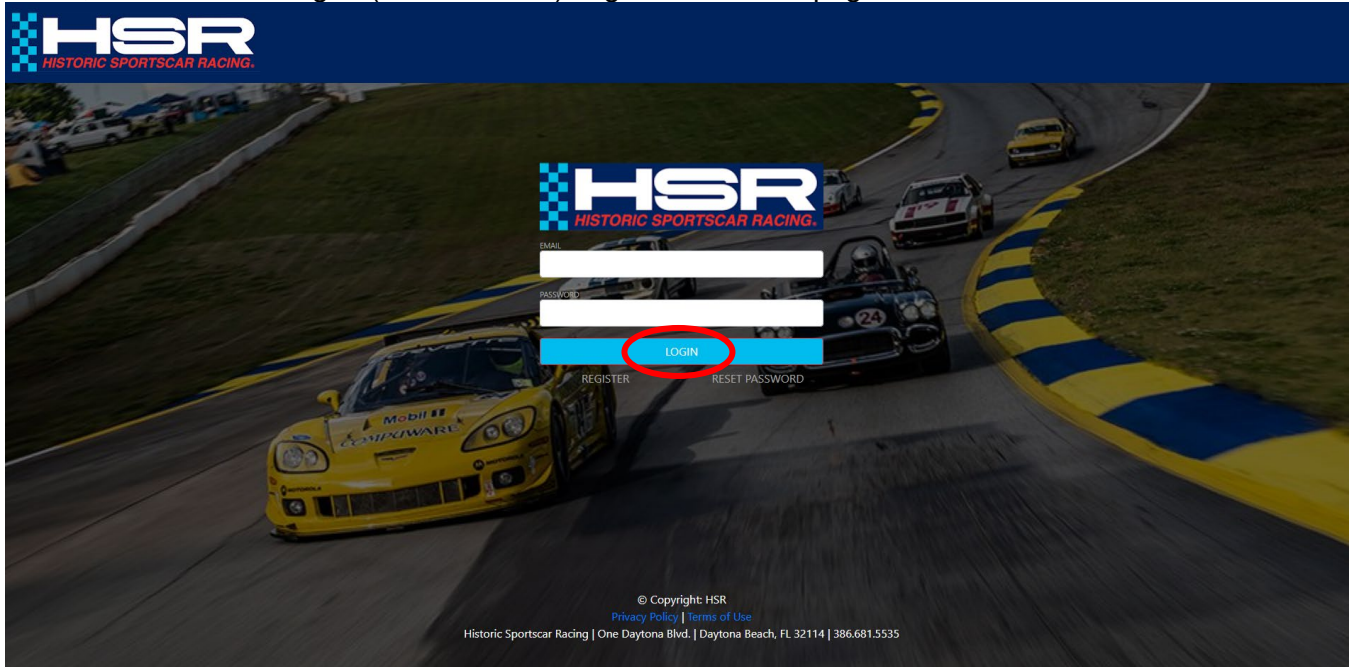
HSR Licensing System (MERG) Competition License Application

Here is the link to the HSR Licensing System: <https://merg.hsrrace.com>.

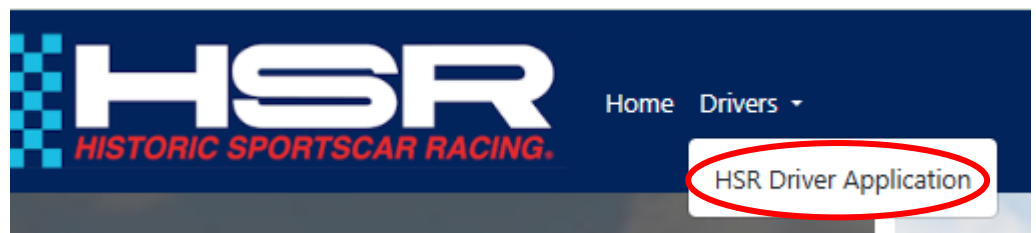
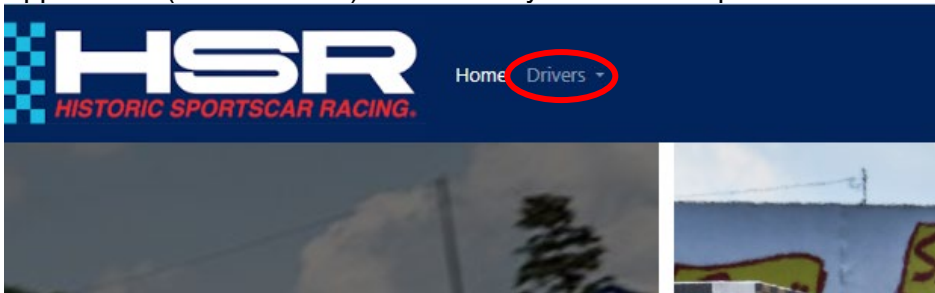
This Guide includes screenshots from the actual licensing system to assist those who are applying for the first time (or to provide a refresher). Items in red in the application are required.

Your first step is to establish a Merg Account. See the *HELP – Account Creation 2026 V2* document for assistance in creating your account.

Once the account has been established (including the email verification), enter your email address and password, then click on “Login” (see red circle) to go to the Home page.



On the Home page, click on “Drivers” at the top of the screen (in the blue band), then click on “HSR Driver Application” (see red ovals). This takes you to the competition license application.



Select season "2026" from the dropdown menu.

COMPETITION LICENSE AND PRIMARY DRIVER APPLICATION

HSR now requires all drivers and co-drivers to hold a license issued by HSR.

IMPORTANT! To participate in HSR races, you must have a license issued by HSR. After completing the following form, your application will be reviewed by HSR competition staff. DO NOT attempt to register for a race event until your license has been approved. Attempting to register for an event immediately after applying for a license is not possible.

All Applicants must submit a fully completed Driver Physical Form (either the HSR Physical Form including physician's signature and license information, or a copy of the physical form issued by a member organization of the Vintage Motorsports Council (VMC) or the SCCA. You will be able to download your unique HSR physical form to take to your physician once you complete the 2026 HSR Driver Application. You cannot use a previous year's physical form.

The Driver Physical Form MUST be completed by a licensed physician. Physicals completed by a Nurse Practitioner or a Physician Assistant will NOT be accepted. In addition, Doctor of Chiropractic and Pain Management Physicians are not recognized by HSR and cannot be used.

SEASON:

2026

Applicant Information:

Enter your LEGAL name for First, Middle and Last Name and suffix (if you use a suffix). If you use an alias, enter that name in Alias First and/or Last Name.

Enter your date of birth. Information in red is required. Consequently, selecting Gender and Nationality is not a requirement.

APPLICANT INFORMATION

LEGAL FIRST NAME:

Legal First Name

FIRST NAME IS REQUIRED.

MIDDLE NAME:

Middle Name

LAST NAME:

Legal Last Name

LAST NAME IS REQUIRED.

SUFFIX:

Suffix

Your alias will be the name used on all entry lists, race reports, media, promotion, and other public communications. If left blank, your Legal Name will be used.

ALIAS FIRST NAME:

Alias First Name

ALIAS LAST NAME:

Alias Last Name

DATE OF BIRTH:

mm/dd/yyyy

DATE OF BIRTH IS REQUIRED.

GENDER:

NATIONALITY:

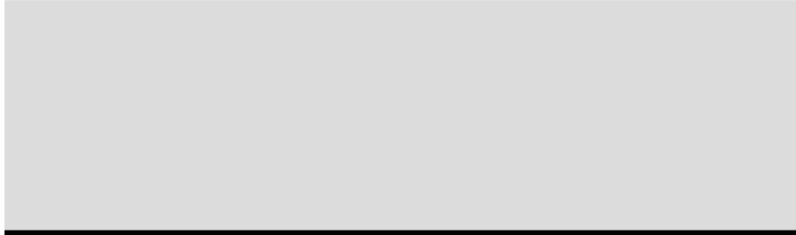
Select A Nationality

Certification Signature:

Use your mouse, another pointing device or finger to 'sign' the document in the gray box.

CERTIFICATION SIGNATURE

By signing below, I certify that I am the person named above and all information is true and complete. If granted a membership/credential, I understand that any falsification or omission of information related to my membership may result in the revocation of my membership/credential regardless of the time elapsed before discovery.



YOU MUST AGREE TO THE CERTIFICATION BY SIGNING HERE.

Emergency Contact Information:

Enter the first and last name, telephone number and relationship (to you) for two (2) emergency contacts. This information is mandatory, and we ask you ensure it is accurate. We never want to use it, but ...

EMERGENCY CONTACT INFORMATION

CONTACT #1 FIRST NAME:

Contact #1 First Name

EMERGENCY FIRST NAME IS REQUIRED.

CONTACT #1 LAST NAME:

Contact #1 Last Name

EMERGENCY LAST NAME IS REQUIRED.

CONTACT #1 PHONE:

EMERGENCY PHONE IS REQUIRED.

CONTACT #1 RELATIONSHIP:

Contact #1 Relationship

EMERGENCY RELATIONSHIP IS REQUIRED.

CONTACT #2 FIRST NAME:

Contact #2 First Name

EMERGENCY 2 FIRST NAME IS REQUIRED.

CONTACT #2 LAST NAME:

Contact #2 Last Name

EMERGENCY 2 LAST NAME IS REQUIRED.

CONTACT #2 PHONE:

EMERGENCY 2 PHONE IS REQUIRED.

CONTACT #2 RELATIONSHIP:

Contact #2 Relationship

EMERGENCY 2 RELATIONSHIP IS REQUIRED.

Resume/CV:

All applicants who have never held an HSR competition license or have not held an HSR competition license within the past five (5) years, must provide a resume of your on-track, wheel-to-wheel competition racing experience.

If you already have a resume on file, select the circle beside "No".

If you need to provide a resume, click on the circle beside "Yes".

RESUME/CV

DO YOU HAVE A RESUME ON FILE WITH HSR?

☐ Yes

☒ No

This will open the place where you upload your resume.

Said resume should include the information listed in the application as well as the following information:

- Sanctioning Body for each event listed
- The car in which you hope to compete with HSR (year, make and model)
- The event at which you hope to debut with HSR

To upload your resume, click on the blue “Select a resume/cv” button. This will open the file selector window on your window where you can select the file to be uploaded.

RESUME/CV

DO YOU HAVE A RESUME ON FILE WITH HSR?

- ☐ Yes
- ☒ No

All drivers who have not held an HSR license in the past five (5) years, please upload a resume of your on-track, wheel-to-wheel competition. You must provide a current Resume/CV that includes the following:

- Date of race(s)
- Track name
- Number of cars in the race
- Finishing Position
- Name of co-drivers (if applicable)

You may also provide:

- The name of any schools you may have participated in
- Any racing certifications you may have earned
- Any motorsports licenses or memberships you have held

Emphasis should be placed on recent experience and cars in which you have seat-time that are similar to what you will compete in at HSR events.

Your application will not be processed until this information has been provided to HSR.

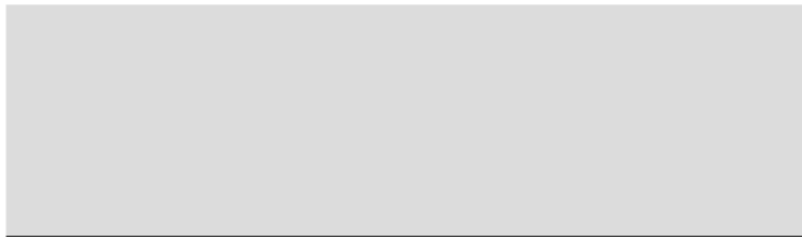
Select a resume/cv

Driver Membership/Annual Credential Agreement:

Read the agreement and sign in the grey box with your mouse, another pointing device or finger.

8. PERSONAL INJURY AND PROPERTY DAMAGE RELEASE. I hereby release and waive any and all claims pursuant to the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT as part of my application.

By signing below, applicant acknowledges to have received, read and agrees to be bound to the HSR Annual Credential (AC) Agreement and related Terms and Conditions



YOU MUST AGREE TO THE MEMBERSHIP AGREEMENT BY SIGNING HERE.

Photo:

If you are on a computer, before going any further, use the camera on your computer to take a photograph of you that meets the given criteria. Then click “Browse” and select that photograph. If you already have such a photograph on your computer, you may use that. If you are on your mobile device, you may take a photograph at this time.

PHOTO

- You must be facing the camera directly with full face in view.
- You must have a neutral facial expression or a natural smile, with both eyes open in photo.
- It must have been taken within the year.
- Photo must be in color.
- Photos submitted with sunglasses, headphones, wireless hands free devices, a hat or head covering will not be accepted.

Browse

2026 HSR Release and Waiver of Liability and Indemnity Agreement

Read the agreement and sign in the grey box with your mouse, pointing device or finger.

I, HAVE READ AND VOLUNTARILY SIGN THIS 2025 ANNUAL RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT for Events between December 17, 2024 to December 31, 2025, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.



YOU MUST AGREE TO THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT BY SIGNING HERE.

Medical:

Click the blue “Upload Medical Form ...” button and select your medical from the files on your computer (if you have a current medical form now).

MEDICAL

For the safety and wellbeing of yourself and your competitors, it is imperative that you provide an accurate and thorough medical history. In the event of an emergency, this information is used to make appropriate lifesaving, time critical decisions concerning medical care provided to you. If you have any questions or concerns regarding your medical history, please feel free to reach out to the HSR Medical Liaison Lyn Hodges Watts at 386-681-5535.

Upload Medical Form...

Primary Care Physician:

Enter the name and telephone number of your primary care physician.

PRIMARY CARE PHYSICIAN

PRIMARY CARE PHYSICIAN FIRST NAME:

Physician First Name

PRIMARY CARE PHYSICIAN LAST NAME:

Physician Last Name

PHYSICIAN OFFICE PHONE:

Allergies (medications), Allergies (general), Medications, Hospitalization History, and Surgical History:

Click on blue “Add” button to add the requested information for each heading. Skip any that do not apply.

ALLERGIES (MEDICATIONS)

Please list any medications you are allergic to:



Add Medication Allergy

ALLERGIES (GENERAL)

Please list any allergies:



Add Allergy

MEDICATIONS

Please list any medication you take below and the date you started taking it. If you are unsure of the date you started taking a medication please provide a date to the best of your knowledge:



Add Medication

HOSPITALIZATION HISTORY

Please list any hospitalizations:



Add Hospitalization

SURGICAL HISTORY

Please list any surgeries:



Add Surgery

Additional Information:

Add medical information not already addressed.

ADDITIONAL INFORMATION

Please list other injury, symptom or condition not otherwise listed, or provide any additional medical history information below:

ADDITIONAL INFORMATION:

Additional Information



Medical Certification Signature:

Read the certification and sign in the grey box with your mouse, pointing device or finger.

MEDICAL CERTIFICATION SIGNATURE

I certify that the information I have provided herein, or that I may provide to the Historic Sports Car Racing II, LLC ("HSR") or its affiliates in the future, and any health care providers, is correct and complete. I further certify that I believe I am physically and psychologically fit to compete in motor vehicle racing in the 2025 HSR season, and I have no knowledge of any reason why I should not be allowed to compete. If at any time I do not personally believe that I am physically or psychologically fit to compete at any time for any reason, I will advise the HSR Medical Liaison's Office in writing of my concern for my own fitness as soon as possible. I also certify that, should there be any change in my health status, information or medications that I will inform the Medical Liaison's Office of such change(s) as soon as practically possible, but in no event longer than five (5) business days of my discovery of such change(s).



YOU MUST AGREE TO THE CERTIFICATION BY SIGNING HERE.

HIPAA Authorization:

Type your initials into the box beside each of the seven (7) paragraphs.

HIPAA AUTHORIZATION

This Authorization Form describes different uses and disclosures of health information, including as protected under applicable state and provincial law and also "protected health information" as defined by the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder. Unless otherwise revoked by me in writing, this Authorization expires eighteen (18) months after the date of signing this Authorization ("Expiration Date").

I hereby authorize the following uses and disclosures of my Health Information, as defined below, and as permitted or required by law:

TYPE INITIALS:

Type Initials

INITIALS ARE REQUIRED.

A. General. I specifically authorize and direct any physician, healthcare provider, hospital or other healthcare facility who provided or is providing assessment, diagnosis, care, treatment or services to me prior to execution of this Authorization and/or any time after execution of this Authorization up to the Expiration Date, including their agents, employees and medical staff (collectively "Health Care Provider") to release my "Health Information" (as defined below) to (1) the HSR Medical Liaison Department and/or their designated agents and employees (collectively "Medical Liaison Department") and/or (2) HSR's Substance Abuse Policy's designated Medical Review Officer or its designated agent (collectively "Medical Review Officer") as requested by them for the purposes of safety, quality assurance/quality improvement, my

Read the authorization and sign in the grey box with your mouse, pointing device or finger.

Processing Time, License and Payment:

If you do not need your license quickly, select None. Select "10 business days" for expedited processing (a \$135 charge). This may take up to ten business days (begins when all information has been provided).

PROCESSING TIME

Applications require a **minimum** of 15 **business** days for processing. You may optionally pay to have your application expedited.

CHOOSE AN EXPEDITED PROCESSING METHOD:

☐ None

☒ 10 **business** days (\$135)

Licensing

Levels

Super License

HSR requires the drivers of certain high-performance racecars to hold an HSR Super License. Examples of cars that would require a HSR Super License include, but are not limited to: Cars assigned to Group 6 or to the HSR Prototype Challenge, including, but not limited to Prototypes (i.e., GTP, Group C, WSC and Daytona Prototype); and other high-powered open wheel cars (i.e., F1, Indy, Indy Lights, F5000 and F3000), certain CanAm cars and others as designated by HSR. The need for a Super License will be determined at the sole discretion of HSR.

The Applicant's racing history, types of cars driven, and incident and safety records will be reviewed. Approval of an HSR Super License is on a case-by-case basis and is at the sole discretion of HSR Officials. An applicant may be approved provisionally, in which case the license would not be provided to the competitor until such time as HSR Competition Staff can observe said driver's on-track performance during the Test Day of an HSR event. Most provisional approvals require participation in the Test Day at your first HSR event.

Competition License

Most HSR competitors will require this level of license. As with the Super license, the Applicant's racing history, types of cars driven, and incident and safety records will be reviewed. Approval of an HSR Competition license is at the sole discretion of HSR Officials. An applicant may be approved provisionally, in which case the license would not be provided to the competitor until such time as HSR Competition Staff can observe said driver's on-track performance during the Test Day of an HSR event. Most provisional approvals require participation in the Test Day at your first HSR event.

License Terms

Annual License (AC) Competition or Super

All HSR annual credentials expire on December 31 of the year of issue.

Single Event License (SEC) Competition or Super

HSR offers a Single Event Credential (SEC) license for those who will compete at a single event with HSR in the calendar year. The Applicant must declare the HSR event at which this license will be used. The cost of an SEC Competition license is \$150, and an SEC Super license is \$200. If a second SEC is needed in a calendar year, a full license will be required and the difference in price will be due. This difference is \$120 for a Competition license and \$180 for a Super license.

Approved Transfer License

HSR also offers an Approved Transfer (ATL) license to competitors who hold a license issued by a Vintage Motorsports Council (VMC) member organization or the SCCA. This license is valid for a single event in a calendar year. Like the SEC license, the Applicant must declare the HSR event at which this license will be used. A copy of both sides of the license must be uploaded and said license must be valid, including medical dates, for the entire period of the HSR event for which the license is procured.

The SEC and ATL licenses will only be issued for HSR-sanctioned events, no exceptions. License approval is at the sole discretion of HSR. No hard card is issued with these licenses.

LICENSE

SELECT A LICENSE:

Select a License

Select a License

\$285 - AC - COMPETITION (Annual Credential)

\$385 - AC - SUPER (Annual Credential)

\$25 - SEC - APPROVED VMC TRANSFER LICENSE (one time only)

\$150 - SEC - COMPETITION LICENSE (Single Event Only)

\$200 - SEC - SUPER LICENSE (Single Event Only)

MENT

Payment Information:

Select your payment type and input credit card information if you selected credit card. When inputting your credit card information, the "Billing Address" should be only the street part of the address, i.e., 123 Anywhere Street" ... it should not include the city and/or state. The Zip Code should be only the first five (5) digits if you are entering an American address.

Click the box beside the last statement acknowledging your understanding of the no refund policy.

A red box may appear below the payment information. If so, it will explain what part or parts of the application are incomplete or incorrect.

Once all is complete and correct, click the blue Submit button.

Submit