



Date _____

VSCCA
DRIVER QUALIFICATION COMMITTEE
APPLICATION and UPDATE

Participants in VSCCA sanctioned speed events are monitored by the Driver Qualification Committee. The privilege of participation can and will be revoked if, in the opinion of the committee, a driver exhibits behavior on or off of the track which is not in keeping with the goals of the VSCCA.

A copy of this form must be filed with the Driver Qualification Committee in order for a driver to be eligible.

NAME: _____
Last, First, MI, Nickname

ADDRESS: _____
Street, City, State, Zip Code

HOME Phone: _____ BUS: _____ CELL: _____

DATE OF BIRTH: _____ E-Mail: _____

COMPETITION HISTORY:
Racing Licenses held (Organizations and years held): _____

Driving Schools Attended (Name, number of days, dates): _____

Note: All new VSCCA members are required to attend a VSCCA driver's school prior to participation in a VSCCA speed event.

Event participation history (List organization, event, year, cars driven):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Have you ever been involved in a racing accident in which your car or another car received damage?
Yes ___ No ___ If yes, explain:

Have you ever been injured in a racing accident? Yes ___ No ___ If yes, explain:

Have you ever had your racing privileges revoked or suspended? Yes ___ No ___ If Yes, explain:

Have you had a thorough physical exam within the last 18 months? Yes ___ No ___
If no, when was your last physical? Date: _____

Have you been hospitalized within the last year for any reason? Yes ___ No ___ If yes, explain:

List the VSCCA eligible cars that you plan to race: _____

List the safety equipment that your car contains (roll bar, extinguisher, etc.): _____

If your car has no roll bar or fire extinguisher, please explain why: _____

By signing this form, I acknowledge and certify that all of the above information is true, and I understand that participating in a vintage speed event is a mentally and physically demanding activity that involves risk. I assert and certify that I knowingly and willingly assume said risk of participating in this VSCCA speed event. I also acknowledge and certify that I have had a comprehensive medical exam within the past 24 months, and that I have no physical or mental problems that would prevent me from safely participating in this VSCCA speed event.

Signature: _____ Print Name: _____

You will be notified only in the event that this application is not accepted or if your VSCCA privileges are withdrawn.

Please return this form to: Charles Bordin, 9 Leatherstocking Lane, Scarsdale, NY 10583

For VSCCA Driver Qualification Committee use

Accepted: _____ Rejected: _____ By: _____

Committee observations, recommendations: _____
