



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:

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

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

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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:

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List the VSCCA eligible cars that you plan to race: \_\_\_\_\_

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

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

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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

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For VSCCA Driver Qualification Committee use

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ By: \_\_\_\_\_

Committee observations, recommendations: \_\_\_\_\_

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