

Application For a New or Renewed NATIONAL COMPETITION LICENSE



Requirements:

- Completion of wheel-to-wheel competition Driver's School.
- A copy of your current medical exam. Note: If your medical exam was taken longer than a year ago, the License won't be issued.
- A recent photo, a passport-like "mug shot."

Instructions:

- Applicant must complete **Section 1** below.
- **Send a copy of this completed application to the appropriate official at your sponsoring VMC organization,** keeping a copy for yourself. Include a photo (a passport-like photo), a copy of your current medical (or instruct your sponsoring VMC organization club to provide a copy if they have one), and a check for \$25.00 payable to **"Vintage Motorsports Council."**
- The responsible official at the sponsoring VMC Organization will complete **Section 2** of the application and forward the entire application, a copy of your medical, and your check to VMC:

VMC c/o Steve Nichols, 441 Fremont St, Anoka, MN 55303

After receiving the application from the Sponsoring VMC organization, the License will be issued.

Section 1 (To be completed by the applicant)

This is a New Application **OR** **A License Renewal** (If renewing, the VMC License #: _____)

Name: _____

Date of Medical: _____

Street: _____

E-mail: _____

City, State, Zip: _____

Sponsoring VMC Organization: _____

Phone: _____

Date of Birth: _____

Have you been disciplined for any driving incident in the past 2 years? If yes, please give brief details when, what event, the actual discipline: _____

I certify that:

- I am a member in good standing with the above named organization.
- I satisfy the above requirements for the issuance of a VMC National Competition License.
- I authorize the above named organization to release my current medical information to VMC.

Signature (sign & print) _____ Date; _____

Section 2 (To be completed by an official at the sponsoring VMC Organization to confirm.)

- The applicant is a member in good standing.
- The applicant is NOT under probation or suspension.
- The applicant is qualified to race wheel-to-wheel.
- Please share the date of the applicant's physical exam (Assuming you have it on file).

VMC Organization name : _____

This Officer's name and Title: _____

I Certify that:

- I am the duly appointed licensing officer for the above named VMC organization .

Signature (and print) _____ Date; _____

Section 3 (For VMC Official use only)

Form Version 11-6-2022

Date issued: _____ By: _____ License #: _____