2015 STATE OF NEW JERSEY DIVISION OF STATE POLICE MOTOR VEHICLE RACING CONTROL UNIT P.O. BOX 7068

WEST TRENTON, N.J. 08628-0068

Application for license to conduct Motor Vehicle Races and Exhibitions of Driving Skill under the provisions of N.J.S.A. Title 5:7

Title 5:7.				
Name of Applicant	· <u></u>			
	Last	First		Middle
Mailing Address _	Street		3.6 1.4	
	Street		Municipality	
	County	State		Zip Code
Date of Birth	Place of birth_		Race	Sex
Any Other Names	Used	Social Secu	rity Number _	
Telephone: Busine	ss:()	Home:()	Cell: <u>(</u>
Fax: ()	E-mail_			
Location of				
	Street	Municipality	County	Zip Code
requirements in the law A CERTIFIED CHECK	and regulations, and that or MONEY ORDER in the	t the insurance required to the amount required by la	by law is in full fo aw, is attached. ey State Police'	intained in accordance with the ree and effect. in the amount of \$100.00). are of Applicant
			Signau	ne of Applicant
			Title	
	A	AFFIDAVIT		
State of New Jersey, Co I, the undersigned, declar	ounty of are that I am the within n	amed applicant (or if otl	her than individual),
know the contents of the	(Title of C as application, and certify	orporate Officer, Partner the contents herein to b		
Sworn to and subscribed	d before me this	day of		nature of Applicant
		* *	D 11' CTT	•

Notary Public of New Jersey

BUILDING INSPECTOR'S CERTIFICATE

I,,building inspector of th	e municipality of
certify I have inspected the spectator stand(s	s) at the stated location and in my
opinion they are safe for use.	
 Date	Signature of Building Inspector

STATE OF NEW JERSEY DIVISION OF STATE POLICE RACING CONTROL UNIT P.O. BOX 7068 WEST TRENTON, N.J. 08628-0068

CERTIFICATE OF INSURANCE

This is to certify that the Policy described below has been issued by the

Name of Insurance Company

to the Insured named below and is in force at this time.

It is hereby understood and agreed that this policy is non-cancelable except after thirty days written notice to the **Administrator**, **Race Track Law**, **Division of State Police**, **Department of Law and Public Safety**. P.O. Box 7068, West **Trenton**, New Jersey 08628-0068.

Certificate issued to:

Administrator, Race Track Law Department of Law and Public Safety Division of State Police

\$ Each Person	Each Accident
Expiration Date	

Agent making certificate must be an agent as defined in N.J.S.A. 17:22-6.24. Certificate required in accordance with N.J.S.A. Title 5:7, commonly known as the Motor Vehicle Racing Law.



New Jersey State Police Monthly Race Track Report

Licensee Name:		Month / Year:			
Location:					
Event Date					
Event Type					
Spectator Attendance					
Number of Vehicles					
*Number of Minor Injuries					
*Number of Serious Injuries * Miner Injuries to include all n					

This form is to be completed monthly and forwarded by mail to the: or by fax to (609) 530-8735

NJ State Police Fatal Accident Investigation Unit P.O. Box 7068, West Trenton, NJ 08628-0068

Minor Injuries to include all medical sign-offs by competitors.

^{*} Serious Injuries to include any competitors transported to a hospital. Track Representative Signature_

STATE OF NEW JERSE DIVISION OF STATE P AUTO RACING ACCID	OLICE	Date of Accident: Track: Time:	
Name of Injured Person		-	Age
Address		SexSrype of Event	
Type of Vehicle		Гуре of Event	
Was a Head and Neck Res Status at Time of Injury:		rn? NOYESWha S, HUTCHENS, NECK COL	
Driver	_ Official	_ Emergency Crew	
_ Spectator	_ Pit-Crew	_ Other	(Specify)
Lighting: Daylight A	artificial	_ Weather	(Specify)
Nature of Injuries			
Treated By:	Time:	Location:	
Explain Briefly How Accid	dent Occurred:		
			_
Date		 Signati	ure (Licensee or Manager)

Instructions

- 1. Report must be mailed to: Fatal Accident Investigation Unit/Racing Control, Division of State Police, P.O. Box 7068, West Trenton, New Jersey 08625 within 48 hours of accident.
- 2. All injuries occurring during race, warm up, practice, or exhibition are to be reported in accordance with the automobile racing regulation
- 3. If more than one person is injured in a single accident, identification information and nature of injuries may be shown on the reverse side of this form or on separate sheets.
- 4. A separate form is to be used for each accident.

OWNERS, PARTNERS OR ASSOCIATES OF TRACK

Name of Applicant:				
	Last	First		Middle
Mailing Address:			<i>f</i> 1.,	
	Street	N	Junicipality	7
	County	State		
Date of Birth	•		Race	Sex
Any Other Names Used		Social Securit		
Telephone: Business:(_		Home ()_		
Relation to track:				
Name of Applicant:				
11	Last	First		Middle
Mailing Address:				
	Street		A unicipality	7
	County	State		
Date of Birth				
Any Other Names Used				
Telephone: Business:(_				
Relation to track:		Fax: ()		
Name of Applicant:				
	Last	First		Middle
Mailing Address:				
	Street	N	<i>Aunicipality</i>	7
D	County	State		~
Date of Birth				Sex
Any Other Names Used				
Telephone: Business:()				
Relation to track:		Fax: ()		

NOTE: THIS PAGE MAY BE COPIED IF THERE ARE ADDITIONAL OWNERS, PARTNERS OR ASSOCIATES.