

**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.

Name of Applicant _____

Last First Middle

Mailing Address _____

Street Municipality

County State Zip Code

Date of Birth _____ Place of birth _____ Race _____ Sex _____

Any Other Names Used _____ Social Security Number _____

Telephone: Business:() _____ Home:() _____ Cell: () _____

Fax: () _____ E-mail _____

Name of Track / Event _____ Date(s) _____

Location of _____

Street Municipality County Zip Code

(List all owners, partners and/or associates on page 1A of this application)

(I)(We) hereby apply for a license to conduct Motor Vehicle Races and Exhibitions of Driving Skill under the provisions of N.J.S.A. Title 5:7.

(I)(We) certify that the track for which this license is requested is constructed and maintained in accordance with the requirements in the law and regulations, and that the insurance required by law is in full force and effect.

A **CERTIFIED CHECK** or **MONEY ORDER** in the amount required by law, is attached.

(Make certified check or money order payable to: "New Jersey State Police" in the amount of \$100.00).

Signature of Applicant

Title

AFFIDAVIT

State of New Jersey, County of _____

I, the undersigned, declare that I am the within named applicant (or if other than individual),

(Title of Corporate Officer, Partner, or Proprietor)

know the contents of this application, and certify the contents herein to be true.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____ 20

Notary Public of New Jersey

BUILDING INSPECTOR'S CERTIFICATE

I, _____, building inspector of the municipality of _____
certify I have inspected the spectator stand(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

Name of Insured _____

Address _____

Policy Number

Limits of Liability Bodily Injury

\$ _____ \$ _____
Each Person Each Accident

Effective Date _____ Expiration Date _____

Date _____

Name of Insurance Company

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									

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

* Serious Injuries to include any competitors transported to a hospital. **Track Representative Signature** _____

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

OWNERS, PARTNERS OR ASSOCIATES OF TRACK

Name of Applicant: _____
Last First Middle
Mailing Address: _____
Street Municipality

County State
Date of Birth _____ Place of birth _____ Race _____ Sex _____
Any Other Names Used _____ Social Security Number _____
Telephone: Business:() _____ Home () _____
Relation to track : _____ Fax: () _____

Name of Applicant: _____
Last First Middle
Mailing Address: _____
Street Municipality

County State
Date of Birth _____ Place of birth _____ Race _____ Sex _____
Any Other Names Used _____ Social Security Number _____
Telephone: Business:() _____ Home () _____
Relation to track : _____ Fax: () _____

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Last First Middle
Mailing Address: _____
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Any Other Names Used _____ Social Security Number _____
Telephone: Business:() _____ Home () _____
Relation to track : _____ Fax: () _____

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