

APPLICATION FORM  
**TO RENEW YOUR**  
NEW ZEALAND HISTORIC RACING LICENCE  
Issued by the Vintage Car Club of NZ (Inc.) under agreement with MotorSport NZ Inc  
VALID FOR A FIVE (5) YEAR PERIOD

Current Historic Race Licence Number: \_\_\_\_\_

Last Name: ..... VCC Membership #: .....

First Names: .....

**MEDICAL DECLARATION**

Do you currently or have you ever suffered from any seizures, blackouts or heart conditions, or any other medical issue which may interfere with your ability to safely drive a car in a VCC Speed Event?

YES/NO If you have answered Yes, please give full details below.

.....  
.....

- If you answer Yes above, A medical certificate to confirm your fitness to safely compete in a VCC Speed Event is required by the National Speed Steward before the issuing of a Historic Racing Licence, and should accompany this form.
- Knowingly withholding any relevant information in regard to the above question will result in the immediate cancellation of the Historic Racing Licence for a minimum period of six (6) months.
- If, during the validity of a Historic Racing Licence the holder should suffer from any medical condition as outlined above they must advise the National Speed Steward accordingly, who may suspend the licence and request a medical certificate to confirm the Holder's fitness take part in a VCC Speed Event.

**I AFFIRM THAT I HAVE RECEIVED A COPY OF THE SPEED REGULATIONS OF THE VINTAGE CAR CLUB OF NEW ZEALAND (INC.) AND HAVE READ AND UNDERSTOOD THEM.**

SIGNATURE OF APPLICANT: .....

DATED: .....

SEND this form and payment of **\$23.00** to:  
**National Speed Steward**  
**VCC of NZ (Inc.)**  
**PO Box 2546**  
**CHRISTCHURCH 8140**