SUPERCARS

F9. CHANGE OF DRIVER REQUEST

Event _____ Date _____

Category: ☐ VCS or ☐ Dunlop Series *(please check one)* Time _____

TO: The Stewards

I _____ of _____
(Authorised Representative) *(Competitor Name)*

Request permission to change the Driver _____ of Car No _____
(current Driver entered)

Due to *(detail reason for the change)*

_____

Proposed replacement Driver Name _____ ASN _____

Licence Number _____ Grade _____ Insurance ☐ Yes ☐ No
(Attach a copy to this request)

Signed _____ Date _____
(Authorised Representative)

Email Address _____

RECEIVED BY THE STEWARDS

Date _____ Time _____

Stewards' decision:
☐ Approved ☐ Declined

_____
Signed of Chairman – Stewards

SECRETARY OF THE EVENT:
Please be advised of the above information for further action that may be required.
Supercars and the Stewards have their copy.

SUBMIT