



**Please Print**  
**2023 Limited Driver Information**

Driver's Name: \_\_\_\_\_ Car Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Driver's Birthdate: \_\_\_\_\_ Driver's Occupation: \_\_\_\_\_

In Case of Emergency Contact Person's Name : \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Briefly list any medical conditions we should know about, in case of an emergency.  
Such as allergic to bees, diabetes, heart condition or allergies to any medications.

\_\_\_\_\_

If so, is there any special procedures necessary for treatment:

\_\_\_\_\_

Car Make /Model: \_\_\_\_\_

Body Supplier: \_\_\_\_\_ Chassis Builder: \_\_\_\_\_

Engine Type & Builder: \_\_\_\_\_

Crew Chief: \_\_\_\_\_

Sponsors: \_\_\_\_\_

\_\_\_\_\_

Accomplishments - Such as Track Championships, Rookie of the year, etc:

\_\_\_\_\_

Years Racing: \_\_\_\_\_ Are you running for Rookie of the Year: \_\_\_\_\_

**Please Note that if you earn over \$600.00 in winnings you will receive a 1099. These will be mailed by January 31st of the following year. Who should receive the 1099?  
Please Note that all purses paid by check will be made out to person noted below.**

Driver: \_\_\_\_\_ Truck Owner: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ SS Number/FID Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Please sign below verifying that all information you have listed above is correct.  
No one under 12 years of age will be eligible to compete in the Southeast Super Truck Series.  
If you are 12-18 years of age, you must have appropriate parental consent forms signed by parents/guardians. See Series Administrator for forms. Must have qualified references to be eligible to participate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_