



REPORT OF EVALUATION FOR A RACE LICENCE

Please collect initials as each of the following is completed:

Reason for evaluation: _____

License application _____ Medical _____ Fee _____ Test _____

Name _____ Experience documentation _____

Observing Official _____ Track _____

Date _____ Practice session _____ Open practice _____ Test day _____

Please indicate yes or no to each of the following and if not observed leave blank.

Appeared to be in control of the car _____

Appeared to be aware of the traffic behind _____

Appeared to follow an appropriate line through the corners _____

Appeared to maintain a normal line when being passed _____

Appeared to respect changing flag or track conditions
and act appropriately _____

Appeared to be aware of the required safety equipment
and used it properly _____

Appeared to accelerate and decelerate appropriately _____

Appeared to follow the rules of the road _____

Appeared to maintain or improve performance during day _____

Would you be comfortable competing directly with this person _____

Comments (if "no" to any of the above please give details)

Observation at corners: _____

Recommendation: _____

Signature _____