



HIGH PERFORMANCE OWNERSHIP / EXPERIENCE FORM

(Please complete this high performance worksheet to give detailed information on your history. Please call with questions: 1-800-678-5173.)

Client Name: _____

Date Acquired: _____ Date Completed: _____

Market Value: _____ If recent purchase, please provide Bill of Sale.

Manufacturer: _____

VIN #: _____ Exact Odometer: _____

Constructed By: _____

Engine Specifications (stroked ci/aluminum heads/ flywheel/ etc.): _____

_____ **Horsepower:** _____

Transmission (TKO 600/Muncie/Jerico/etc.): _____

Suspension (3 link/adjustable/road race /etc.): _____

NOS: Yes No If yes, what nitrous experience do you have: _____

How much of a nitrous shot are you putting into the engine: _____

How is it activated: _____

How often is it used: _____

How is it used: (street, track, show, etc): _____

Do you carry a fire extinguisher or fire suppression system: _____

What safety equipment do you have or use: _____

LIST YOUR HIGH PERFORMANCE DRIVING EXPERIENCE & CAR OWNERSHIP:
(**Example:** Owned 1971 Chevelle SS 454 for 6 years / Owned 1965 Mustang GT for 4 years)
(**Experience:** Took 3 day Bondurant driving school / Hold a SCCA competition license)

Signature : _____ Date : _____