



# STATEMENT OF FACTS AFFIDAVIT

Region: \_\_\_\_\_ Track: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING! If Member Services cannot verify this Statement of Facts Affidavit you will receive an automatic penalty of disqualification from this event as well as a sixty (60) day license suspension.**

## \$100 DEPOSIT REQUIRED - \$75 REFUNDABLE UPON VERIFICATION

The following facts relate **ONLY** to my SCCA competition license. **PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Exp: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Grade of License in question: (CHECK ONE) ☐ Novice ☐ Vintage ☐ Full

My license is currently on probationary status: ☐ Yes ☐ No

Date(s) I wish to compete: \_\_\_\_\_ Car # \_\_\_\_\_ Class \_\_\_\_\_

I received my current license from the National office but I do not have it in my possession because:

(CHECK ONE) ☐ lost ☐ stolen ☐ damaged ☐ left at home ☐ In Process @ SCCA

Did you notify the registrar to verify your license prior to the event? (CHECK ONE) ☐ Yes ☐ No

Name of the registrar you spoke with: \_\_\_\_\_

## ATTACH \$100 DEPOSIT - \$75 REFUNDABLE UPON VERIFICATION

***I understand that I will receive an automatic penalty of disqualification from this event as well as sixty (60) days license suspension per GCR, if my statements above are false.***

**Driver Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CHECK ONE: ☐ Cash ☐ Check # \_\_\_\_\_

☐ Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

\$100 Deposit received by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Member #: \_\_\_\_\_

*I verify all required information has been provided by the driver.*

Chief Steward Sign/Print: \_\_\_\_\_

License #: \_\_\_\_\_

**ATTENTION Registrars and Stewards:** Return this form and \$100 to the Chairman, SOM to be included with the observer's report. Failure to follow this procedure and send this form to the Member Service Department will be grounds for disciplinary review by the competition board.

***NOT VALID WITHOUT CHIEF STEWARD'S SIGNATURE***

SCCA Member Services – 6620 SE Dwight St, Topeka, KS 66619 - 800-770-2055 – 785-232-7213 Fax –  
membership@scca.com