

not be prejudicial to the reputation of the Club or fellow members.

Applicant's Signature:\_

## **Solo Safety Steward Application and Renewal**

Change of address?	☐ Yes				
Membership No:					
Name:	Birth	date:	Home:		
Address:				Cell:	
City:		State:	Zip:	Work:	
Country:	Email:				
	CHEC	CK TYPE OF LICENSE	OU ARE A	PPLYING FOR	
		•		tinuing education Comple ety Instructor (Training Cl	•
Solo Safety Ste	eward Instructor	Signature:			
Divisional Solo	Safety Steward S	Signature:			
Solo Safety Ste  Upgrade to SSS Inst events in the past 2 yea with a letter of recomm	eward Instructor ructor - The appl ars (list below). Re nendation (see ap	icant must have at least equired signatures: Divis opendix E VI.B of the Solo	2 years' exp ional Solo Sa Rule book f	erience as a licensed SSS a afety Steward, Solo Safety for letter requirements. So ase will renew with SSS Li	and Serve as a SSS at 5 committee Chair along end complete
Divisional Solo	Safety Steward	Signature:			
Solo Safety Co	mmittee Chair Si	gnature:			
	DATE	EVENT		REGION	
I hereby certify that the inform by the provisions of the SCC	nation above is correct A Rules and Regulation	t. I realize any falsification will ons, governing the use of the S	esult in the lose olo Safety Stew	s of my Safety Steward license. vard License and all applicable S	Additionally, I agree to abide SCCA policies. By accepting

membership in the SCCA all members agree to conduct themselves according to the highest standards of behavior and sportsmanship in a manner that shall