



2024 USCS Driver Information

Driver Name _____

Class _____ Car # _____

Driver Information

Street Address _____

City, State, Zip _____

Cell Phone # _____

Email _____

Birthday _____

Years Raced _____

Driver is Owner? Yes _____ No _____

Rookie Year: Yes _____ No _____

Owner Information - (If different)

Name _____

Street Address _____

City, State, Zip _____

Owner's Cell # _____

Owner's Email _____

Emergency Contact Name/ Phone # _____

Championships/Awards: _____

Tax Information

Who gets 1099? _____ Social Security Number/ Tax ID _____

★ I certify that the number shown on this form is my correct Tax Payer Identification number or my Car Owner's identification number and I have indicated clearly where the 1099 is to be sent.

By signing this form, I agree to abide by all Rules and Regulations of the USCS organization. Rules can be accessed at uscsracing.com.

Driver Signature _____ Date _____

www.USCSracing.com

770-865-6097

175 Antebellum Way, Fayetteville, GA 30215