

# SCCA LABORATORY FUEL TEST FORM

Fuel samples for laboratory testing must be acquired, packaged and shipped in accordance with the SCCA Official Fuel Testing Procedures. This form must be included in the package sent to the laboratory. The Car Number and Class on the label should be recorded with other required information on the Laboratory Fuel Test Sample Identification Form and on the Protest or CSA/RFA form.

Event \_\_\_\_\_ Date \_\_\_\_\_ Sanction Numbers \_\_\_\_\_

Results will be emailed to the Chief Steward or Chairman SOM (provide email addresses below)

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

Car Number/Class \_\_\_\_\_ CS/CSOM Name \_\_\_\_\_ CS/CSOM Email \_\_\_\_\_

# SCCA LABORATORY FUEL TEST SAMPLE IDENTIFICATION FORM

EVENT \_\_\_\_\_ SANCTION NUMBERS \_\_\_\_\_ CHIEF OF TECH \_\_\_\_\_

Class	Car #	Date	Time	Track	Fuel Y/N	Grade	Tech Signature	Driver/Entrant Signature

**Note: Driver/Entrant signature acknowledges that the sample recorded above was obtained in accordance with the SCCA Fuel Testing Procedures for Acquisition of Samples for Laboratory Fuel Testing.**

# OFFICIAL OBSERVER'S LABORATORY FUEL TESTING REPORT

This form is to be filed with the Official Observer's Report if laboratory fuel tests were submitted from the event in accordance with GCR 9.3.26.A.

Event \_\_\_\_\_ Date \_\_\_\_\_ Sanction Numbers \_\_\_\_\_

Attach a copy of the Laboratory Fuel Test Sample Identification Form.

Replacement fuel test kit will be sent to:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_