

SMTTPA
PO BOX 14443
SPRINGFIELD, MO 65814

Safety Certification
2021

PLEASE PRINT

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day: _____ Night: _____

The undersigned guarantees that my competition vehicle, described as

Year: _____ Make: _____ Model: _____

Name of Vehicle: _____

My vehicle meets or exceeds all SMTTPA safety requirements for the class that it will compete. Permission is granted to the SMTTPA, its sponsors and assignees, to publish, broadcast, and otherwise circulate any and all names and pictures of member and/or vehicle to facilitate the advertising, promotion, publicity, or publication authorized by the Southern Missouri Truck and Tractor Pulling Association.

Signature of driver: _____ Date: _____

State of _____ County of _____

Signed in presence and sworn before me this _____ day of _____ in the year of _____.

Notary Public _____ Commission Expire date: _____