

This form must be filled out completely. One event per form, please.

**Official Race Results** - A copy of the **official race results** must be included. Must show drivers name, make/model of vehicle, club, class, and date of event. (MyLaps results are not acceptable).

**Color photo Required** - Your first contingency request each year must be accompanied by current color photos of your race car clearly showing proper placement of Mazda and Mazdaspeed decal placement.

**W-9 Tax Form** – A W-9 Tax Form must be on file for contingency awards to be paid. A new W-9 form must be submitted only if you change your address. The Social Security or Tax ID entered on this request form must match the number on the W-9 we have on file.

Please allow 6-8 weeks for payment processing.

**Mazda/Mazdaspeed Logo Decal Requirement** – To be eligible for Mazda Contingency Award Program the following decals must be placed on Mazda race vehicle:

**Stock/production bodywork** - Order decal set K-DECL-XX-WM1\* for all required items.

**1. Mazda logo** – 22" length decal on both rear fenders above wheel opening (White, black, silver or blue only)

**2. MAZDASPEED logo** -26" length decal on front nose or foremost part of hood (White, black, silver or blue only)

**3. Mazda Patch** —5" Mazda patch required on front of driver's suit (pocket area) for all classes that require a driver's suit.

**Open Wheel & Sports Racers** (No kit part number)

**1. Mazda logo** under brand symbol vertical logo (Winged-M) (part #0000-10-VM16-XX\*) on front nose.

**2. Mazda logo** on both sides of engine cover (16" length) (part number 0000-10-0016-XX\*)

**3. Mazda Patch** —5" Mazda patch required on front of driver's suit (pocket area) for all classes that require a driver's suit. (part number 0000-10-PTCH-05)

Decals may be ordered using the Mazdaspeed website or by calling 800-435-2508.

*\*For decals and kits above, replace XX in part number with BL for Blue, BK for Black, SL for Silver, and WH for White*

PLEASE FILL OUT ALL SECTIONS COMPLETELY

_____	_____	_____
Date	Team Support Number	Daytime Phone
_____	_____	_____
Driver's Name		Evening Phone
_____	OR	_____
Social Security Number		Tax ID Number
_____		
Mailing Address		
_____	_____	_____
City	State	Zip
_____		<input type="checkbox"/> Check here if address has changed.
_____		
E-mail Address		

_____	_____
Race Event	Event Date
_____	
Event Location (Track)	
_____	_____
Class	Model
_____	_____
Year	
_____	_____
Finishing Position	Award Amount

The first request of the year MUST include a completed W-9 form AND a current color photo of your race vehicle showing the proper placement of the required Mazda decals.

Please **mail** form to:  
 MAZDASPEED MOTORSPORTS  
 Attn: Contingency Requests  
 1421 Reynolds Avenue  
 Irvine, CA 92614  
 800-435-2508