



VEHICLE TECH INSPECTION

Class	
Car #	

To be completed by competitor. Please print legibly.

SECTION 1

DRIVER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAKE/MODEL _____ YEAR _____ COLOR _____

SECTION 2

- | | | |
|----------------------------------|------------------------------|--------------------------------|
| 1. Loose items _____ | 9. Steering wheel _____ | 16. Suspension _____ |
| 2. Hubcap/trim rings _____ | 10. Wheel condition _____ | 17. Exhaust _____ |
| 3. Wheel attachment _____ | 11. Brake operation _____ | 18. On-board starter _____ |
| 4. Tire condition _____ | 12. Camber compensator _____ | 19. Battery attachment _____ |
| 5. Tire pressure _____ | (swing axle cars) _____ | 20. Helmet (Snell '85 or _____ |
| 6. Seat belts _____ | 13. Wheel bearing _____ | ANSI Z90.1 b '79) _____ |
| 7. Throttle action _____ | 14. Shocks _____ | 21. Roll bar/cage _____ |
| 8. Fluid leaks/containment _____ | 15. Steering _____ | (ii applicable) _____ |

All the above items have been checked and the vehicle is approved _____ or not approved -for competition.

Safety/Tech Inspector (signature) _____

Comments _____