



## TECH SHEET

Please complete this sheet and bring it with you to Tech the day of the event to get your Tech approval.

Driver Name: \_\_\_\_\_ Car Number: \_\_\_\_\_  
 Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
 Tire Brand: \_\_\_\_\_ Helmet Certification and Year: \_\_\_\_\_

The entrant/participant is responsible for the safety of his/her vehicle. Neither the tech inspectors, the event organizers, nor the sanctioning body will be held responsible for the safety of this vehicle. If needed, have a qualified mechanic check over your car and make certain everything is in good working order for this event.

<p><b>DRIVER SAFETY</b></p> <p><input type="checkbox"/> Helmet (SA2010, SA2015, or SA2020)</p> <p><input type="checkbox"/> Helmet tech sticker (obtained by presenting approved helmet at check-in)</p> <p><input type="checkbox"/> Shoes must be solid, closed toe, and in reasonable condition</p> <p><b>VEHICLE</b></p> <p><input type="checkbox"/> Seatbelts or Harness must be in good condition</p> <p><input type="checkbox"/> A Proper ROLLBAR for convertibles (or when it is required)</p> <p><input type="checkbox"/> Rollbar padding</p> <p><input type="checkbox"/> Seats installed/bolted securely</p> <p><input type="checkbox"/> Interior &amp; trunk clear of loose items; all floor mats removed</p> <p><input type="checkbox"/> Front windows can be rolled down</p> <p><b>SUSPENSION &amp; STEERING</b></p> <p><input type="checkbox"/> Wheel bearings - no play</p> <p><input type="checkbox"/> Ball joints in good condition</p> <p><input type="checkbox"/> No excessive play in steering</p> <p><input type="checkbox"/> Shocks - no leaking</p> <p><b>OTHER</b></p> <p><input type="checkbox"/> No severe glass cracks</p> <p><input type="checkbox"/> Windshield wipers function properly (if applicable)</p> <p><input type="checkbox"/> Video Camera/Recording device securely mounted (if applicable)</p>	<p><b>BRAKES</b></p> <p><input type="checkbox"/> Brake Fluid is clear, reservoir is full (DOT 4 recommended, DOT 3 OK)</p> <p><input type="checkbox"/> Brake pedal is firm</p> <p><input type="checkbox"/> All brake lights are working</p> <p><input type="checkbox"/> Master cylinder/calipers are not leaking</p> <p><input type="checkbox"/> Rotors have no cracks or discoloration</p> <p><b>TIRES &amp; WHEELS</b></p> <p><input type="checkbox"/> Adequate tire tread, speed rating, good condition, no metal cording showing, no dry-rot</p> <p><input type="checkbox"/> All lug nuts present &amp; torqued to specification</p> <p><input type="checkbox"/> Hubcaps removed</p> <p><input type="checkbox"/> Wheels - No cracks, bends, or structural damage</p> <p><b>ENGINE &amp; DRIVETRAIN</b></p> <p><input type="checkbox"/> Check all fluid levels, belts, and hoses. Tighten all caps and secure all hoses.</p> <p><input type="checkbox"/> No fluid leaks (oil, transmission, fuel, water)</p> <p><input type="checkbox"/> Battery secured (no bungees)</p> <p><input type="checkbox"/> Positive battery terminal covered</p> <p><input type="checkbox"/> Overflow containers present</p> <p><input type="checkbox"/> Exhaust system functional (may have to meet sound restrictions)</p> <p><input type="checkbox"/> Throttle has quick, positive return</p> <p><input type="checkbox"/> Fuel cap tightened</p>
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I, \_\_\_\_\_, have inspected all of the above on my vehicle, and have read and understand I am responsible for the safety of myself and my vehicle.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Event Date \_\_\_\_\_